



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-87-C-47169
Case Number: DSI-91-AB-08

DISCLAIMERS

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The options, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.

CONTRACT NUMBER: DTNH-22-87-C-47169

CASE NUMBER: DSI-91-AB-08

[REDACTED]
[REDACTED]

This two-vehicle accident occurred during the early evening hours of a weekend in [REDACTED], [REDACTED] on a two-lane rural road. The weather was cloudy, it was raining and the road surface was wet. Traffic was light to moderate. Vehicle 1, a 1990 Dodge Omni four-door, was being driven northwest at a speed estimated as between 45 and 50 miles per hour. Vehicle 2, a 1988 Ford Escort two-door, was being driven southeast on the same road at a speed estimated as between 45 and 50 miles per hour. The road was straight with a 2% down-grade for Vehicle 1. Vehicle 1 gradually drifted to the left and crossed the center line into Vehicle 2's travel lane and struck Vehicle 2 in a frontal head-on configuration. Alcohol was considered a factor in this accident. From impact, Vehicle 1 rotated counterclockwise approximately 90° and came to rest facing southwest across the center line. Vehicle 2 rotated counterclockwise approximately 90° and backed into a "W" box beam guard rail and came to rest on the west shoulder of the road, facing northeast with the left back corner against the guard rail. Vehicle 1 was approximately 13 feet from point of impact and Vehicle 2 was approximately 13 feet from point of impact at point of final rest. At impact the forces exceeded the threshold in the air cushion restraint system installed in Vehicle 1 and the airbag in the driver's steering wheel deployed. The driver of Vehicle 1, alone in his vehicle, was not wearing the available three-point manual safety restraints and sustained multiple left rib fractures, fractured sternum, punctured and collapsed left lung, left atrium severed, pericardium sac severed, multiple deep liver lacerations and deep lacerations of the spleen; highest AIS = AIS-5. The driver required extrication as a result of the injuries. He was declared deceased at the scene of the accident.

The driver of Vehicle 2 was wearing the available two-point automatic motorized shoulder restraint, but was not wearing the available manual lap restraint and sustained right rib fractures, fractured left acetabulum, left hip dislocation, right jaw laceration, and a sprained right ankle; highest AIS=AIS3. The driver required extrication as a result of injuries and was transported to a trauma unit by ambulance and was admitted.

The right front passenger in Vehicle 2 was wearing both the available two-point automatic motorized shoulder restraint and manual lap belt and sustained minor injuries of an unknown nature. This occupant accompanied his mother, the driver of Vehicle 2, by ambulance to a trauma unit for treatment, but was not admitted and not treated since his injuries were minor.

Both vehicles were towed from the accident location as a result of damage sustained in this accident. Vehicles 1 and 2 and the scene were inspected and documented within 24 hours of notification and within 7 working days of the accident.

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DYNAMIC SCIENCE, INC.
HEAVY TRUCK ACCIDENT INVESTIGATION
CASE NUMBER: DSI-91-AB-08

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- A. NASS Field Forms and Airbag Supplement
- B. Police Accident Report



Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-91-AB-08

ACCIDENT DATA:

Location:
Area/Type:
Date/Time:
Accident Type:

Maryland
Rural/wooded
Weekend/early evening
Car/Car - Frontal
Configuration

Injury Severity:
Vehicle 1 (airbag):
Vehicle 2

AIS-5 (fatal)
AIS-3

AMBIENCE:

Light Conditions:
Cloud Cover:
Precipitation:
Temperature:
Road Surface:

Dark/road not lighted
Cloudy
Light to moderate rain
40-45 degrees
Wet w/standing water

ROADWAY:

Type:
Width:
Traffic Density:
Median:
Edge:

Surface:
Reported Defects:
Co-efficient of
Friction: (Est.)
Vertical
Alignment:
Horizontal
Alignment:

Vehicle 1

2-Lane Rural
11.6 feet
Light/moderate
None
Asphalt paved
shoulder
Asphalt
None

.80 dry, .65 wet

Negative 2%

Straight

Vehicle 2

2-Lane Rural
11.6 feet
Light/moderate
None
Asphalt paved
shoulder
Asphalt
None

.80 dry, .65 wet

Positive 2%

Straight



Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-91-AB-08

TRAFFIC CONTROLS:

Signals:	None	None
Signs:	None	None
Speed Limit:	50 MPH	50 MPH
Markings:	Broken single yellow lines denoting lane separation northwest and southeast	Broken yellow line and single solid yellow line denoting lane separation northwest and southeast and no passing zone

VEHICLES:

Description:	1990 Dodge Omni 4-door	1988 Ford Escort 2-door
Odometer:	25227.0	36780.3
Engine:	I4 2.2 liter	L4 1.9 liter
Active Restraints:	L/S in front and rear	Lap belts in front L/S in rear
Passive Restraints:	Driver's airbag	Automatic motorized shoulder restraints in front
Reported Defects:	None	None
Cargo:	125 pounds	None
Securiflex		
Windshield:	None	None
Windshield Damage:	Impact fractures	Impact fractures
Fleet:	None	None
Previous Repairs:	None known	None known
Tow Status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE: (Deployment impact)

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	1	1
CDC:	92FYEW3	12FYEW3
Maximum Crush:	41.9 inches at C1	41.5 inches at C1



Dynamic Science, Inc.
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VEHICLE VELOCITY ESTIMATES:

Impact speed:	45 MPH	45 MPH
Total Delta V:	33.5 MPH	38.1 MPH
Longitudinal		
Delta V:	-33 MPH	-37.6 MPH
Lateral Delta V:	5.8 MPH	6.6 MPH
Energy dissipation:	124220.8 ft/lbs	109086.3 ft/lbs

Dynamic Science, Inc.
In-Depth Investigation
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COLLISION SEQUENCE:

Pre-Crash: Vehicle 1 was being driven northwest at a speed estimated as between 45 and 50 miles per hour. Vehicle 2 was being driven southeast at a speed estimated as between 45 and 50 miles per hour. Vehicle 1 drifted gradually to the left and crossed the center line into the travel lane occupied by Vehicle 2. There was no evasive action taken by the driver of Vehicle 1. The driver of Vehicle 2 appeared to have steered slightly to the right.

Crash: At impact, the left front of Vehicle 1 struck the left front of Vehicle 2. At impact the forces exceeded the threshold in Vehicle 1's air cushion restraint system and the airbag in the driver's steering wheel deployed. The CDC for Vehicle 1 was 92FYEW3 and the Delta V was computed as 33.5 miles per hour. Vehicle 2's CDC for impact with Vehicle 1 was 12FYEW3 and the Delta V was computed as 38.1 miles per hour. Both Delta V's were computed using CRASH III PC.

Post Crash: Vehicle 1 rotated 90° counterclockwise and came to final rest position facing southwest across the center line with the front in the southeast lane of travel and the back in the northwest travel lane. Vehicle 2 rotated 90° counterclockwise to final rest position on the southwest shoulder, facing northeast with the left back corner of the vehicle against a "W" box beam guard rail.

Scene Clearance: The driver of Vehicle 1 required extrication due to injuries and expired at the accident scene. The driver of Vehicle 2 required extrication due to injuries. The right front seat occupant was able to exit the vehicle unassisted. The driver and passenger in Vehicle 2 were transported by ambulance to a shock trauma unit where the driver, was admitted for treatment, the passenger was not admitted and was not treated.

Driver Kinematics:

The 49 year old driver of Vehicle 1 was seated in a bucket seat in a normal, upright position. The height and weight of this occupant could not be determined. Due to the intrusion and seat deformation it was difficult to access the exact position of the seat adjuster, however, it appeared that the seat was between the mid-point and rear most position. The seat back appeared to have been in the normal, upright position. The driver was not wearing the available manual lap/shoulder safety restraints based on seat belt inspection and on-scene police photographs.

At impact, the collision force exceeded the threshold of the air cushion restraint system and the airbag deployed.

At impact, the driver was projected forward and at the same time the left instrument panel intruded longitudinally 11.0 inches and the toe pan intruded longitudinally 16.0 inches. This longitudinal movement caused the steering column and the steering wheel to move approximately 16 inches rearward and upward approximately 30 to 40 degrees. This movement resulted in the steering wheel rim striking the driver in the upper abdomen and upward into the chest.

This inward and upward movement of the steering wheel resulted in deep lacerations to the spleen and liver, multiple fractures of the left ribs, a fractured sternum, a puncture and collapse of the left lung, severed pericardium sac, and a severed left atrium. The driver (our case) was pronounced dead at the scene due to these injuries.

Airbag System:

The case vehicle was equipped with a driver's airbag system which deployed as a result of a full frontal head-on collision, and there was no residual evidence of occupant contact.

The left and right front sensors for the airbag system were damaged in the collision. The air bag, however, appears to have deployed as designed, but the intrusion and subsequent movement of the steering wheel/column caused the driver to underide the inflated air bag and contact the steering wheel rim.

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-91-AB-08

DRIVER AND OTHER OCCUPANTS:Vehicle 1

Age/Sex:
Seated Position:
Height:
Weight:
Occupation:
Physical
Limitations:
Hand Position:
Foot Position:
Passive Restraint:
Restraint Usage:

Driver
49/male
Left front
Unknown
Unknown
Carpenter

None known
Unknown
Unknown
Driver airbag
Lap/shoulder restraint not
used

Additional
Occupants:

None

Vehicle 2

Age/Sex:
Seated Position:
Height:
Weight:
Occupation:
Physical
Limitations:
Hand Position:
Foot Position:
Passive Restraint:

Driver
36/female
Left front
Unknown
Unknown
Unknown

None known
Unknown
Unknown
Passive shoulder
belt
Two-Point
automatic
motorized shoulder
restraint used;
manual lap belt
not used

RF Passenger
9 years/male
Right front
Unknown
Unknown
Student

None known
Unknown
Unknown
Passive shoulder
belt
Two-point
automatic
motorized shoulder
restraint, manual
lap restraint used

Restraint Usage:

Additional
Occupants:

Yes, 1

None

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-91-AB-08

INJURIES:

<u>Injury</u>	<u>OIC Code</u>	<u>Source</u>
Driver, V1 (airbag vehicle):		
Severed left atrium	CCRH5	Steering Wheel
Severed Pericardium Sac	CCRH5	Steering Wheel
Lacerations, Multiple,		
Deep, Liver	MRLL4	Steering Wheel
Fractures, Multiple,		
Left Ribs	CLFS4	Steering Wheel
Lacerations, Multiple,		
Deep, Spleen	MLLQ3	Steering Wheel
Puncture and Collapse,		
Left Lung	CLPP3	Steering Wheel
Fracture, Sternum	CCFS2	Steering Wheel
Driver, V2:		
Dislocation, Left		
Hip, Posterior	PLZJ3	Steering Wheel Rim
Fracture, Left		
Acetabulum	PLFS2	Steering Wheel Rim
Fractures, Lower		
Right Ribs	CRFS2	Steering Wheel Hub
Laceration,		
Right Jaw	FRLI1	Steering Wheel Rim
Sprain, Right		
Ankle	QRSJ1	Toe Pan
V2 Right Front Passenger:		
Unspecified injuries	UUUU7	Unknown

DYNAMIC SCIENCE

DSI-91-AB-08

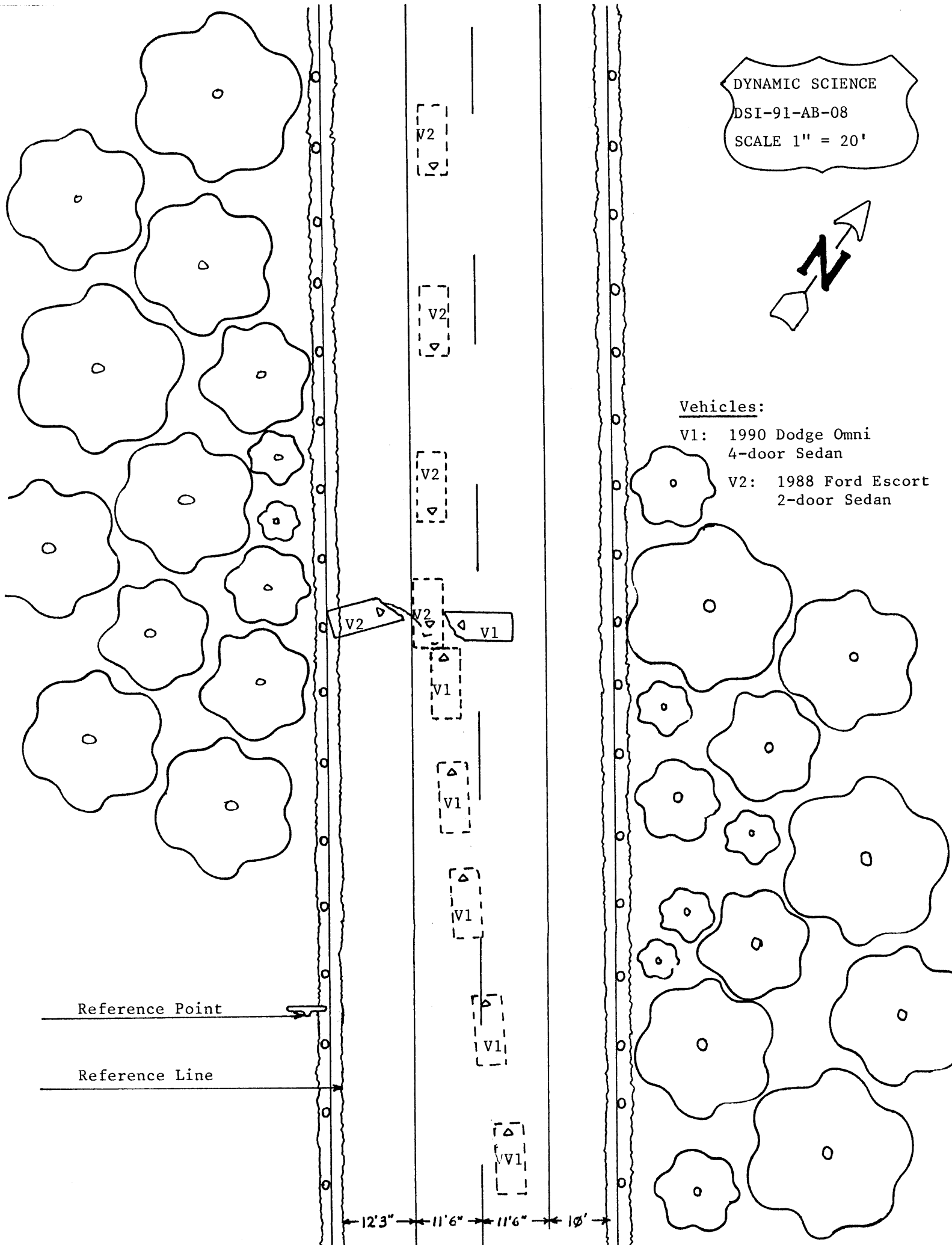
SCALE 1" = 20'



Vehicles:

V1: 1990 Dodge Omni
4-door Sedan

V2: 1988 Ford Escort
2-door Sedan



Reference Point

Reference Line

12'3" 11'6" 11'6" 10'

SLIDE INDEX
CASE NO. DSI-91-AB-08

SLIDE NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1	01	SE	View toward V1 approach NW bound
2-6	01	NW	V1 path to POI
7-8	01	NW	POI, V1
9	01	E	POI, FRP V1 (inc. path of V2 FRP)
10	01	SE	Reverse path, V1 from POI
11	01	NW	View toward V2 approach SE bound
12-15	02	NW	View toward V2 approach SE bound
16	02	E	POI #1
17	02	NW	V2 path to POI #2 and FRP
18	02	W	POI #2 and FRP V2
19	02	E	Reverse path, V2 FRP to POI #1
20	02	NW	Reverse path, V2
21-36	01	CCW	Exterior views, V1
37-57	01	---	Interior views, V1
58-71	02	CCW	Exterior views, V2
72-84	02	---	Interior views, V2

































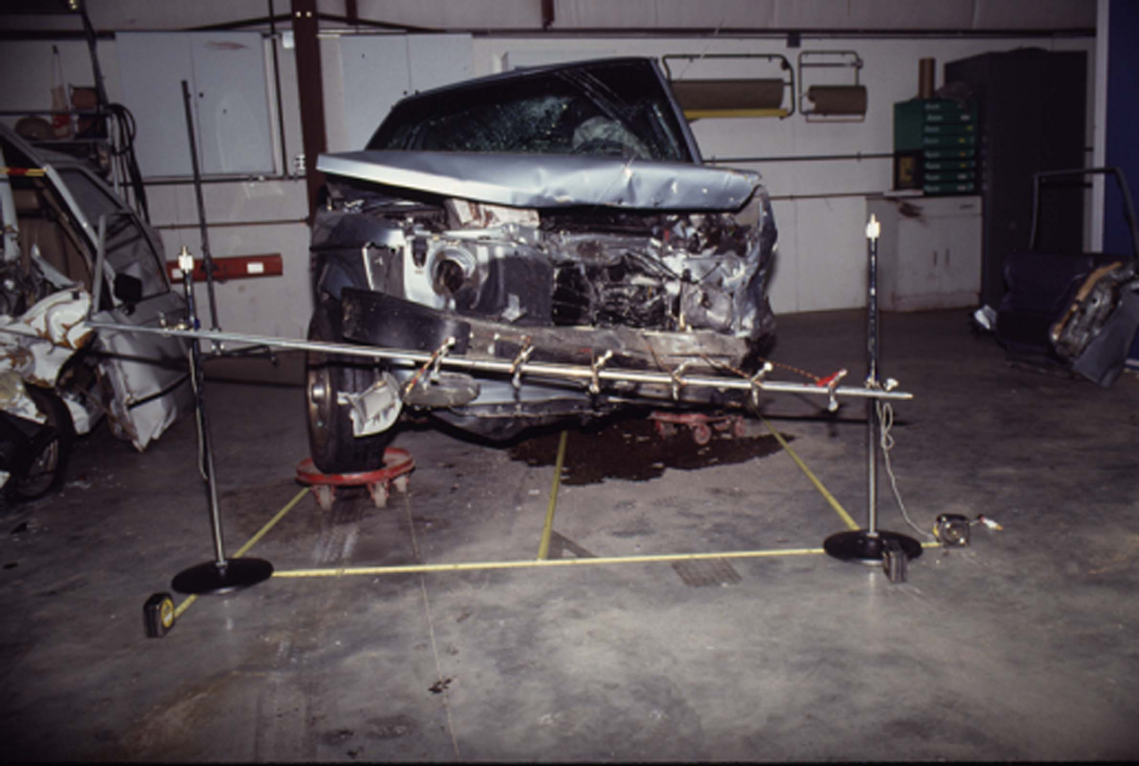










































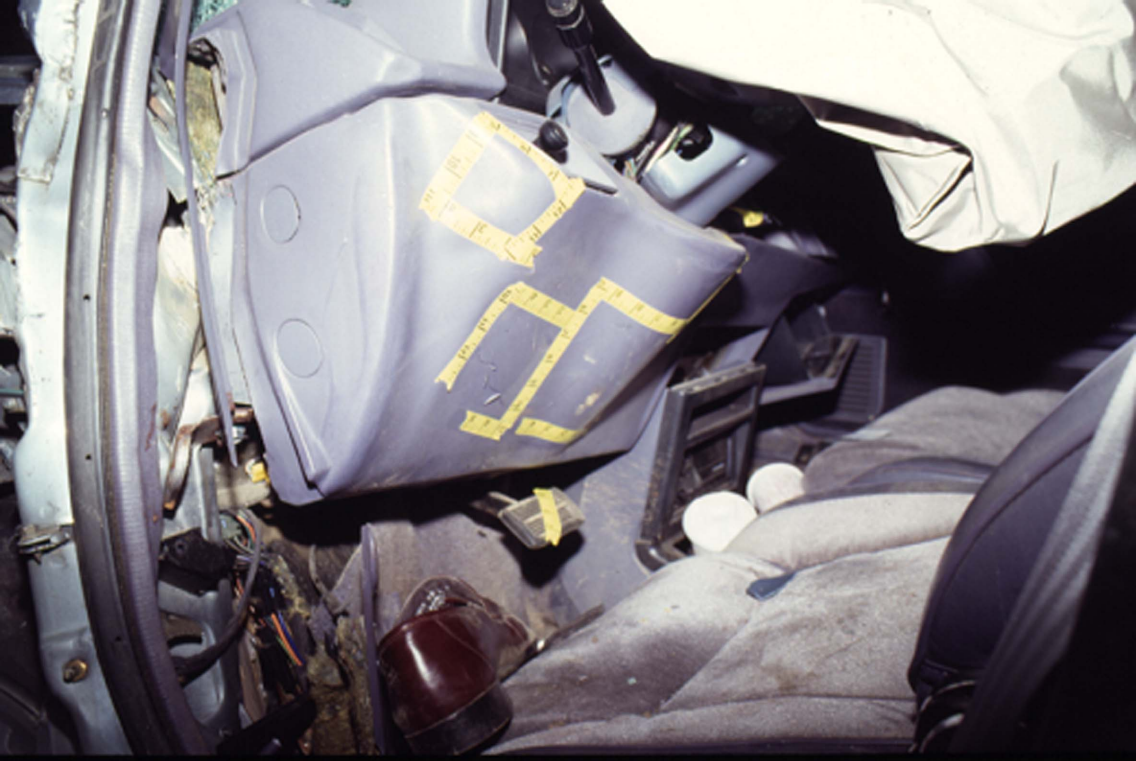






































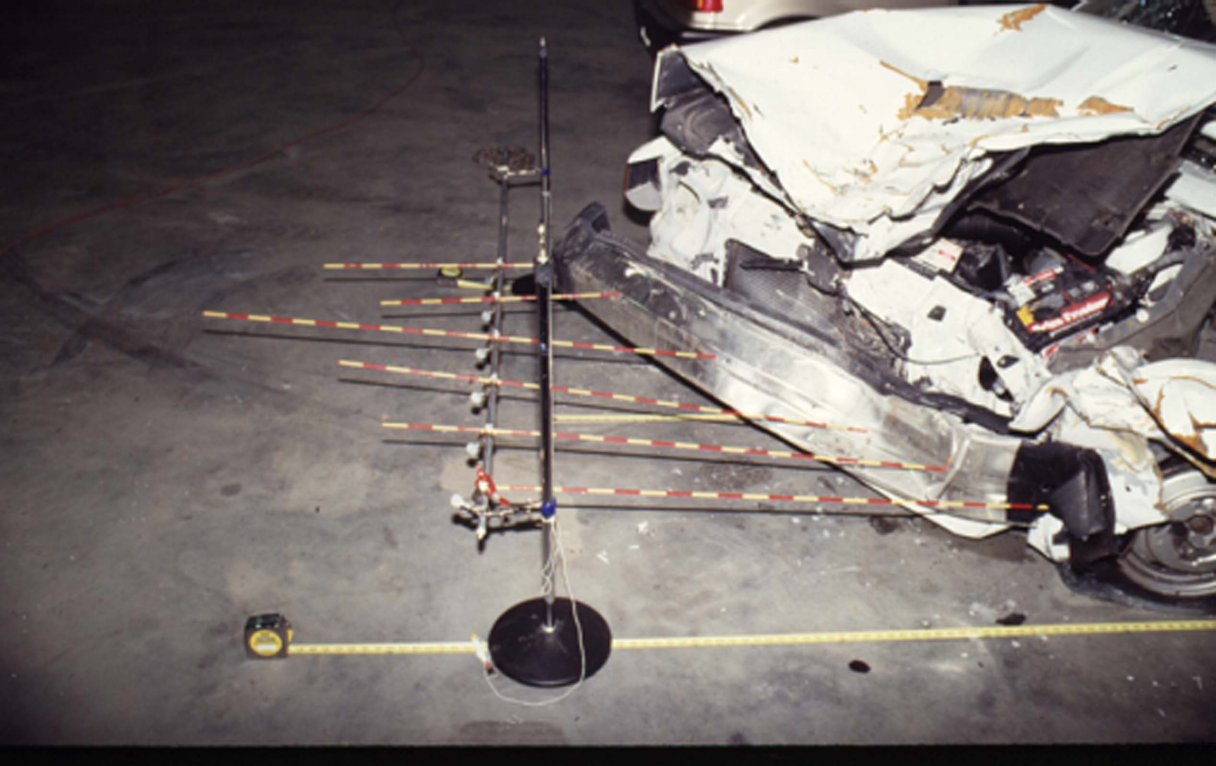


















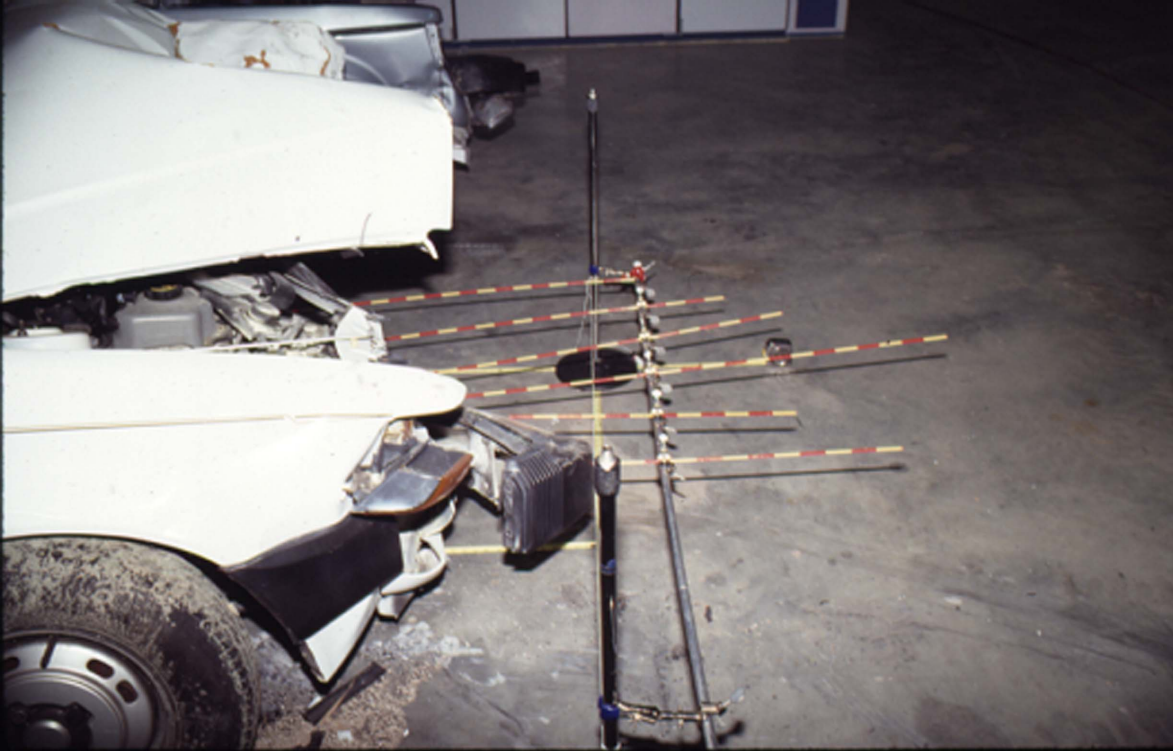




















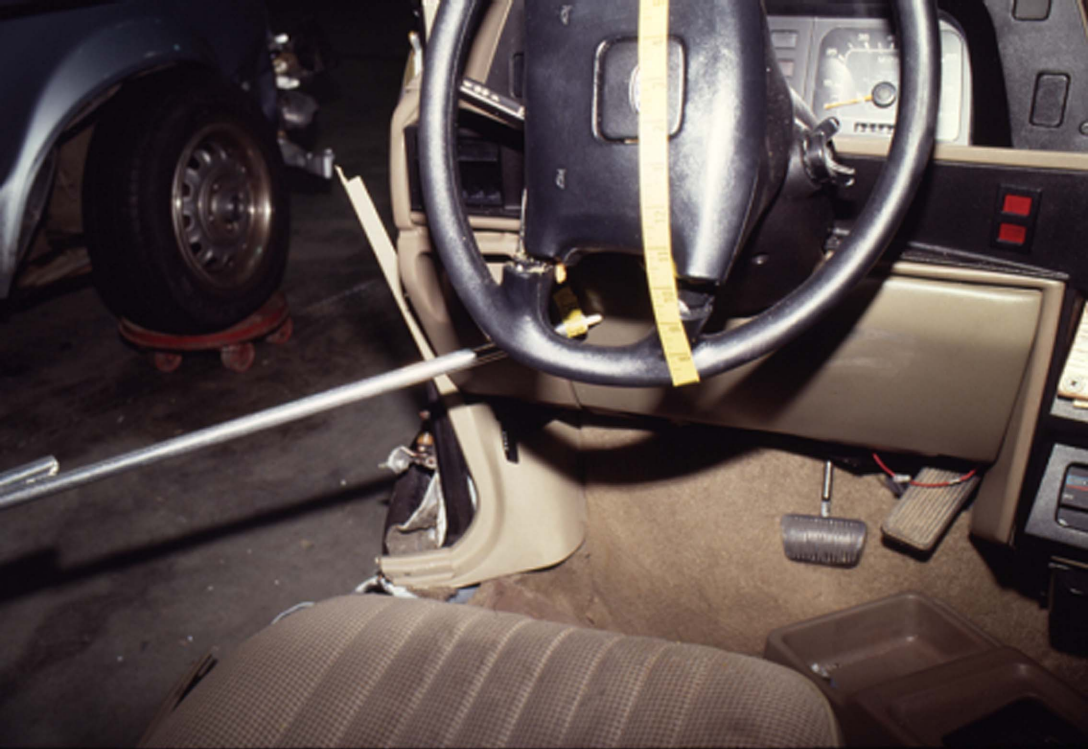














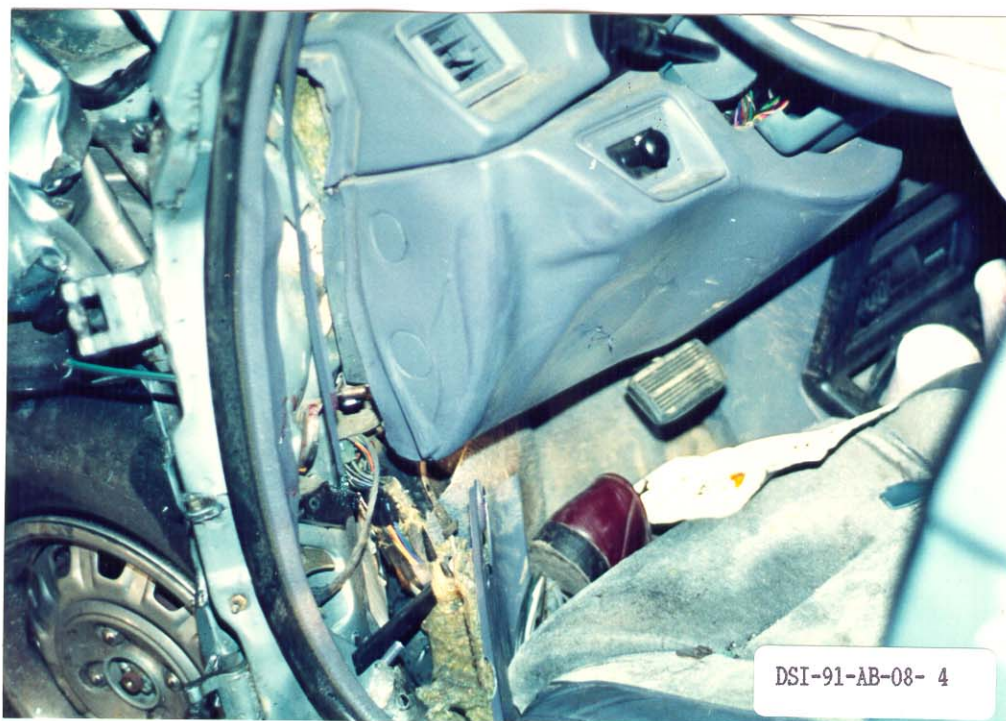




PHOTO INDEX
CASE NO. DSI-91-AB-08

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DSI-91-AB-08- 5



DSI-91-AB-08- 6







U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number

Case Number - Stratum DSI-91-AB-08

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> *approximate vehicle orientation at impact and final rest *applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) *applicable traffic controls (e.g., speed limit) *north arrow placed on diagram *sketch required 	<p>LEVEL II (Cont'd) accomplished when physical evidence is present:</p> <ul style="list-style-type: none"> *document reference point and reference line relative to physical features present at the scene *scaled documentation of all accident induced physical evidence *scaled documentation of all roadside objects contacted *roadway surface type and condition of applicable roadways *grade measurements for all applicable roadways *scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>327°</u> <u>143°</u> <u> </u></p> <p>Surface Type <u>BITUM</u> <u>BITUM</u> <u> </u></p> <p>Surface Condition <u>WET</u> <u>WET</u> <u> </u></p> <p>Grade Measurement (v/h) <u>-5"/24"</u> <u>+5"/24"</u> <u> </u></p>
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the Level I tasks noted above, the following must be</p>		

Reference Point: INTERSECTION WARNING
SIGNAL POST

Reference Line: SOUTHWEST EDGE OF
ROADWAY

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
GUARD RAIL	φ	2' SOUTHWEST
SINGLE WHITE LINE	φ	12'3" NORTHEAST
BROKEN YELLOW CENTER LINE	φ	23'9" NORTHEAST
SINGLE WHITE LINE	φ	35'3" NORTHEAST
NORTHEAST ROADWAY EDGE	φ	45'3" NORTHEAST
GUARD RAIL	φ	47'5" NORTHEAST
POI	64'6" NORTHWEST	17'6" NORTHEAST
POR, V1	69'3" NORTHWEST	25' NORTHEAST
POR, V2	70'5" NORTHWEST	4' NORTHEAST
GOUGE, V2, UNKNOWN PART	65'4" NORTHWEST	16'7" NORTHEAST
GOUGE, V2, RIGHT FRONT BUMPER COR.	66'8" NORTHWEST	14'11" NORTHEAST
START GOUGE, CONTINUOUS, V2 FRONT SUSPENSION	68'6" NORTHWEST	14' NORTHEAST

[illegible]



US Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number
2. Case Number - Stratum DSI-91-AB-08

IDENTIFICATION

3. Number of General Vehicle +
Forms Submitted 02
4. Date of Accident
(Month, Day, Year) 9 1
5. Time of Accident 1832
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active 0
7. SS13 Not Active 0
8. SS14 0
9. SS15 0
10. SS16 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02
Code the number of events which occurred in
this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>02</u>	17. <u>01</u>	18. <u>F</u>
19. <u>0</u> <u>2</u>	20. <u>02</u>	21. <u>01</u>	22. <u>B</u>	23. <u>56</u>	24. <u>00</u>	25. <u>0</u>
26. <u>0</u> <u>3</u>	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>
33. <u>0</u> <u>4</u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>	38. <u> </u>	39. <u> </u>
40. <u>0</u> <u>5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase - 100 ")
- (02) Compact (wheelbase - 100 " - 104 ")
- (03) Intermediate (wheelbase - 105 " - 109 ")
- (04) Full size (wheelbase - 110 " - 114 ")
- (05) Largest (wheelbase - 115 ")
- (09) Unknown passenger car size
- (11) Short utility vehicle
- (12) Truck based utility (- 10,000 lbs GVWR)
- (13) Passenger van (- 10,000 lbs GVWR)
- (14) Other van (- 10,000 lbs GVWR)
- (15) Pickup truck (- 10,000 lbs GVWR)
- (18) Other truck (- 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (- 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDC APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle number

Noncollision

- (31) Overturn - rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision - details unknown

Collision with Fixed Object

- (41) Tree (- 4 inches in diameter)
- (42) Tree (- 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (- 4 inches in diameter)
- (51) Pole or post (- 4 but ≤ 12 inches in diameter)
- (52) Pole or post (- 12 inches in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (specify):

"W" Box BEAM GUARD RAIL

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance (specify):

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



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GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number—Stratum

DSI-91-AB-08

3. Vehicle Number

01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

90

5. Vehicle Make (specify):

DODGE

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

07

6. Vehicle Model (specify):

OMNI

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

008

7. Body Type

Note: Applicable codes are found on
the back of this page.

04

8. Vehicle Identification Number

1B3XL1B3LC

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

10. Police Reported Travel Speed

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

50

11. Police Reported Alcohol Presence

(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

1

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver

Code actual value (decimal implied before
first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

97

Source

POLICE

ACCIDENT RELATED

13. Speed Limit

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

50

14. Attempted Avoidance Maneuver

(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

01

(99) Unknown

15. Accident Type

Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

50

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

-
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine – more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility – not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco – 78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (≤ 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) **Other van type (Hi-Cube Van, Kary) (specify):**

-
- (29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (≤ 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (≤ 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) **Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):**

-
- (48) Unknown other light truck type (not a pickup)
 - (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

-
- (59) Unknown bus type

Medium/Heavy Trucks (≤ 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (≤ 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify):

-
- (79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

-
- (99) Unknown body type

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 1
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 1

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 2,300
~~2335~~ Code weight to nearest 100 pounds.
 (010) Less than 1050 pounds
 (135) 13,500 lbs or more
 (999) Unknown
 Source:
20. Vehicle Cargo Weight 100
~~125~~ Code weight to nearest 100 pounds.
 (00) Less than 50 pounds
 (97) 9,650 lbs or more
 (99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes – towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 1
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (for Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted > 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

24. Rollover

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover – end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle) 0

26. Rear Override/Underride (this vehicle) 0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

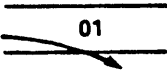
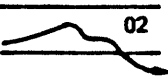
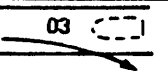
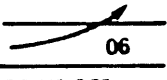
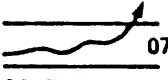
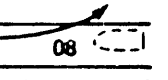
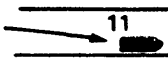
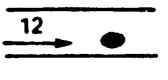
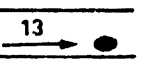
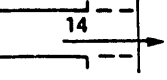
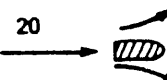
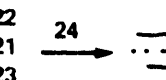
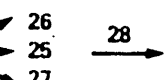
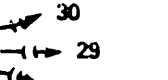
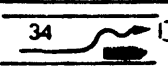
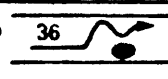
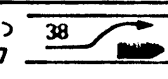
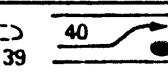
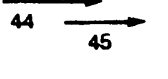
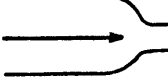
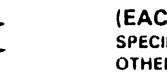


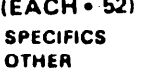
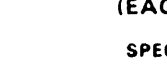
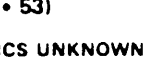
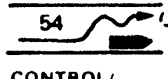

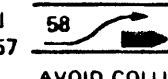
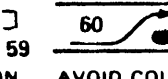



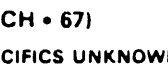
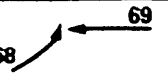
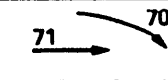
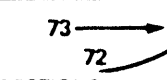

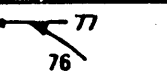
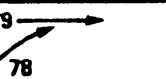
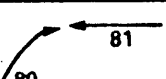
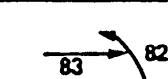
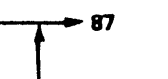
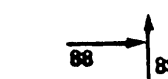

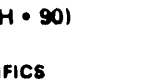
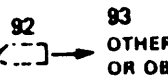



HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle for This Vehicle 327

28. Heading Angle for Other Vehicle 143

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	F Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 AVOID COLLISION WITH VEH.	 50 AVOID COLLISION WITH OBJECT	(EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 52 AVOID COLLISION WITH VEH.	 54 AVOID COLLISION WITH OBJECT	 56 AVOID COLLISION WITH VEH.	(EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 AVOID COLLISION WITH VEH.	 68 AVOID COLLISION WITH OBJECT	 70 AVOID COLLISION WITH VEH.	(EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 AVOID COLLISION WITH VEH.	 74 AVOID COLLISION WITH OBJECT	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 AVOID COLLISION WITH VEH.	 82 AVOID COLLISION WITH OBJECT	(EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 AVOID COLLISION WITH VEH.	 88 AVOID COLLISION WITH OBJECT	 90 AVOID COLLISION WITH VEH.	 92 AVOID COLLISION WITH OBJECT	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	 98 OTHER ACCIDENT TYPE	 99 UNKNOWN ACCIDENT TYPE	00 No Impact

29. Basis for Total Delta V (Highest)

1

Delta V Calculated

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V

3433.5 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 33-33.4 Nearest mph

(NOTE: —00 means greater than
– 0.5 and less than +0.5 mph)
(+ 97) ± 96.5 mph and above
(— 99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+ 0 65.8 Nearest mph

(NOTE: —00 means greater than
– 0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(— 99) Unknown

33. Energy Absorption

124,200124220.8 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

1

- (0) No reconstruction
- (1) Collision fits model—results appear reasonable
- (2) Collision fits model—results appear high
- (3) Collision fits model—results appear low
- (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

1

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO
IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [X] NO

37. Police Reported Other Drug Presence

7

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception

φ

Test Type For Driver

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

- (7) Other observation/perception test
- (8) No driver present

- (9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

9

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>9</u>
Depressant Drug	42. <u>φ</u>	43. <u>9</u>
Stimulant Drug	44. <u>φ</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>9</u>
Inhalant Drug	52. <u>φ</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	

VEHICLE IDENTIFICATION

VIN 1B3XL1B D3LC Model Year 1990
Vehicle Make (specify): DODGE Vehicle Model (specify): OMNI 4-Door

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Maximum Crush
Ø 1	LEFT FRONT BUMPER CORNER	LEFT FRONT BUMPER CORNER	C ₁

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE
a. Rotation physically restricted b. Tire deflated

RF 1RF 2LF 1LF 1RR 2RR 2LR 2LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 99.1Overall Length 163.2Maximum Width 66.0Curb Weight 2335Average Track 57.4

Front Overhang _____

Rear Overhang _____

Engine Size: cyl./ displ. 14/2.2Undeformed End Width 58.5

WHEEL STEER ANGLES

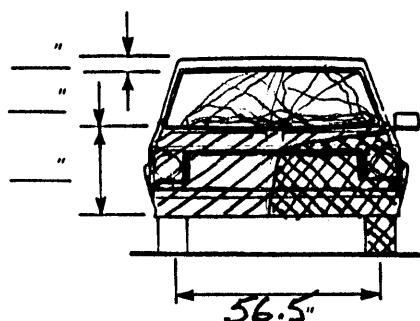
(For locked front wheels or displaced rear axles only)

RF \odot 1 ϕ °LF \pm _____°RR \pm _____°LR \pm _____°Within ± 5 degrees

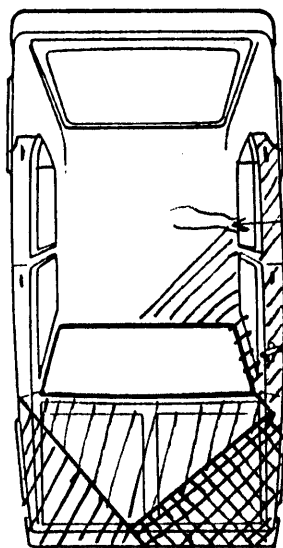
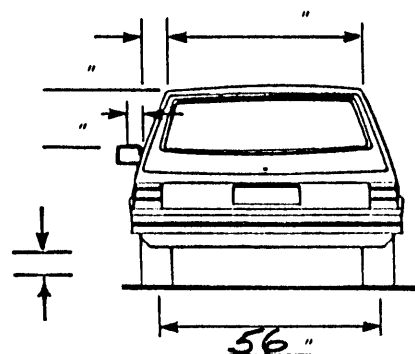
DRIVE WHEELS

☒ FWD ☐ RWD ☐ 4WDApproximate Cargo Weight 125

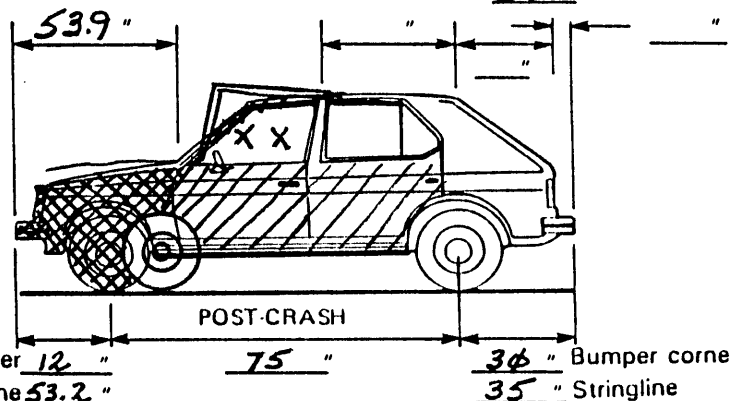
GAGE STANDS ADL



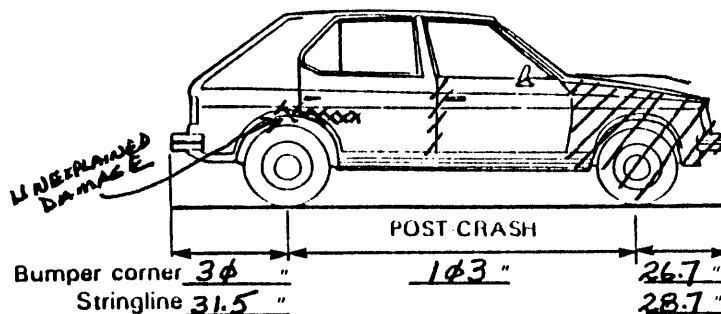
Original
Bumper height



Bumper corner 12 "
Stringline 53.2 "

STRESS
BUCKLES

Bumper corner 30 "
Stringline 35 "



Bumper corner 30 "
Stringline 31.5 "

Bumper corner 26.7 "
Stringline 28.7 "

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

01-30 – Vehicle Number

Noncollision

- (31) Overturn – rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):

- (35) Noncollision injury
(38) Other noncollision (specify):

- (39) Noncollision—details unknown

Collision with Fixed Object

- (41) Tree (≤ 4 inches in diameter)
(42) Tree (>4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
(51) Pole or post (>4 but ≤ 12 inches in diameter)
(52) Pole or post (>12 inches in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or Culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

- (69) Unknown fixed object

Collision With Nonfixed Object

- (71) Motor vehicle not in transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ø 1</u>	5. <u>Ø 2</u>	6. <u>9:2</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Ø 3</u>

Second Highest Delta "V"

12. <u> </u>	13. <u> </u>	14. <u> </u>	15. <u> </u>	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>
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CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. + - D
<u>Ø 59</u>	<u>42</u>	<u>37</u>	<u>34</u>	<u>23</u>	<u>12</u>	<u>Ø 3</u>	<u>Ø 15</u>

Second Highest Delta "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. + - D
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

26. Are CDCs Documented
but Not Coded on The
Automated File ? Ø

(0) No
(1) Yes

27. Researcher's Assessment
of Vehicle Disposition L

(0) Not towed due to
vehicle damage
(1) Towed due to
vehicle damage
(9) Unknown

28. Original Wheelbase Ø 92.1

Code to the
nearest
tenth of an inch
(9999) Unknown

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

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29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

φ

(0) No post manufacturer modifications

(1) Yes - post manufacturer modifications

(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

φ

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire

φ

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank

1

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number
2. Case Number—Stratum DSI-9L-AB-08
3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 3 7. LR 3 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 — Laminated

(2) AS-2 — Tempered

(3) AS-3 — Tempered-tinted

(4) AS-14 — Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET

TOP
VIEW

Longitudinal

Lateral

Lateral

Longitudinal

LEFT SIDE
VIEW

Vertical

Longitudinal

Longitudinal

RIGHT SIDE
VIEW

Vertical

Longitudinal

Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	TOE PAN	38.25	-	22.5	=	15.75	LONG.
11	L. INST. PANEL	29.5φ	-	19.φ	=	10.5φ	LONG
11	"A" PILLAR	32.φ	-	24.5	=	7.5φ	LONG.
11	LEFT FRONT SEAT	27.φ	-	22.φ	=	5.φ	VERT.
11	FLOOR PAN	6.75	-	7.75	=	1.φ	VERT
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>0</u> <u>5</u>	49. <u>4</u>	50. <u>2</u>
2nd	51. <u>1</u> <u>1</u>	52. <u>0</u> <u>2</u>	53. <u>3</u>	54. <u>2</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>0</u> <u>6</u>	57. <u>3</u>	58. <u>2</u>
4th	59. <u>1</u> <u>1</u>	60. <u>1</u> <u>9</u>	61. <u>2</u>	62. <u>1</u>
5th	63. <u>1</u> <u>1</u>	64. <u>1</u> <u>7</u>	65. <u>1</u>	66. <u>1</u>
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify): _____

(99) Unknown

INTRUDING COMPONENT**Interior Components**

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
- (28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of vehicle (specify): _____

- (32) Other exterior object in the environment (specify): _____

- (33) Unknown exterior object

- (97) Catastrophic

- (98) Intrusion of unlisted component(s)

(specify): _____

- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
- (2) ≥ 3 inches but < 6 inches
- (3) ≥ 6 inches but < 12 inches
- (4) ≥ 12 inches but < 18 inches
- (5) ≥ 18 inches but < 24 inches
- (6) ≥ 24 inches
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
	-		=	1.5" Top of WHEEL
	-		=	
	-		=	
	-		=	

✓

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

92. Steering Rim/Spoke Deformation

- 1.5 Code actual measured deformation to the nearest inch.
 (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation

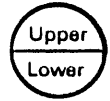
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL**94. Odometer Reading**

25227.4 miles – Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

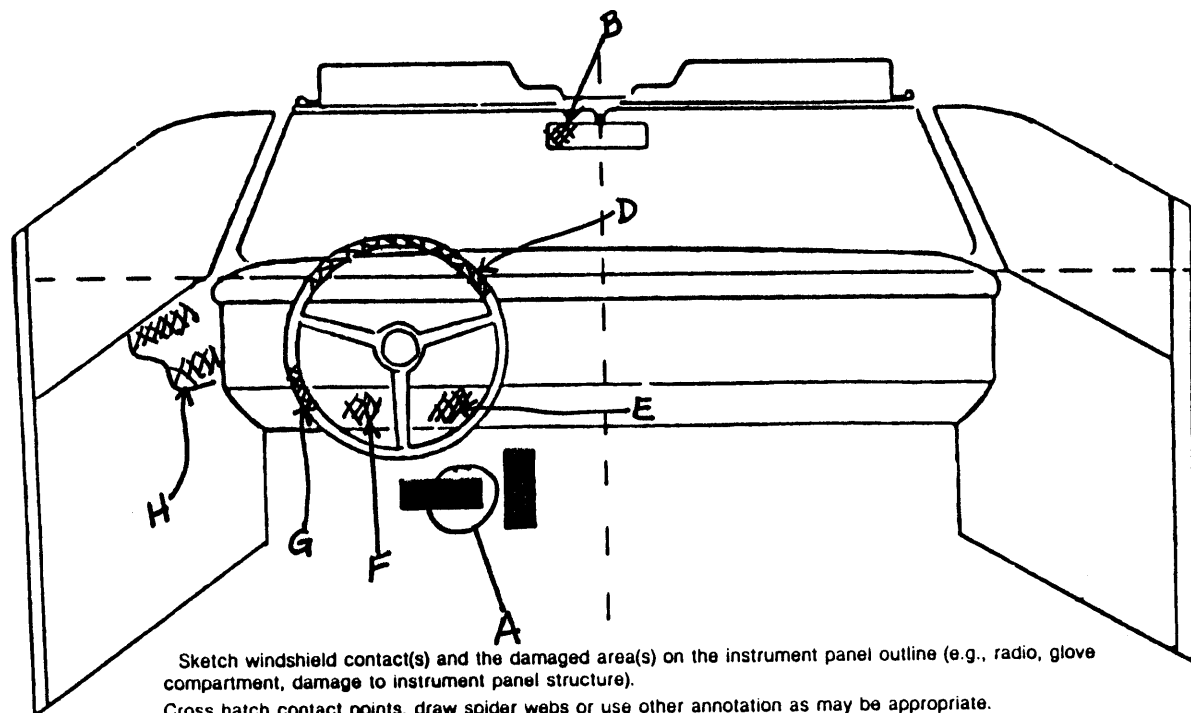
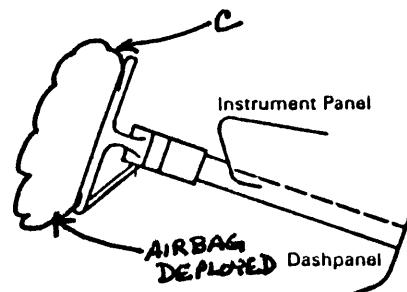
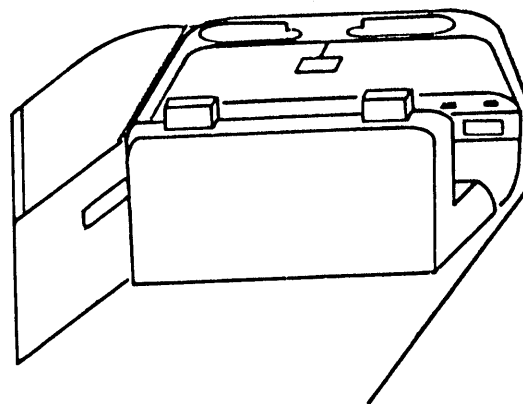
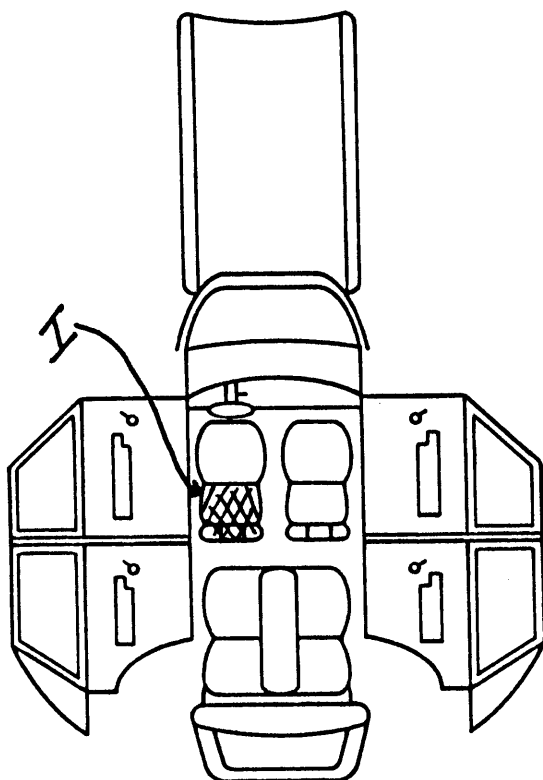
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

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POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	59	01	R. FOOT	SCUFF MARKS	1
B	02	01	R. HAND	SKIN OIL, DISPLACEMENT	1
C	45	01	FACE/TORSO	DEPLOYED	1
D	04	01	R & L HANDS	DEFORMED	1
E	09	01	R. KNEE	DEFORMATION & FABRIC TRANSFERS	1
F	09	01	L. KNEE	DEFORMATION & FABRIC TRANSFERS	1
G	04	01	L. LEG	SKIN & FABRIC TRANSFER	2
H	20	01	L. ARM	BLOOD & DEFORMATION	1
I	40	01	BACK/HEAD	DEFORMATION & ABRASIONS	1
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function		Ø
	Deployment		Ø
	Failure		Ø

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled _____

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	Ø	Ø
	Use	Ø	Ø
	Type	Ø	Ø
	Proper Use	Ø	Ø
	Failure Modes	Ø	Ø

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

National Accident Sampling System – Crashworthiness Data System: Interior Vehicle Form

Page 6

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	φ	4
	Use	φφ	φφ	φφ
	Failure Modes	φ	φ	φ
S E C O N D	Availability	4	3	4
	Use	φφ	φφ	φφ
	Failure Modes	φ	φ	φ
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used

- (02) After market harness/shield/tether used

- (03) Child safety seat used, but no after market harness/shield/tether added

- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used

- (12) Harness/shield/tether used

- (19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used

- (22) Harness/shield/tether used

- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ1	φφ	φ1
	Seat Performance	7	φ	1
SECOND	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ5	φ5	φ5
	Seat Performance	8	8	8
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

FLOOR PAN

- (7) Combination of above (specify): 5 & 6
- (8) Other (specify):

LOADED BY CARGO (TOOLS) (#6)

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

NONE

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number
2. Case Number—Stratum DSI-91-AB-08
3. Vehicle Number 01
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 49
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown
8. Occupant's Weight 999
Code actual weight to the nearest pound.
(999) Unknown
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown
10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture
(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown
13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown
14. Ejection Medium 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure
(8) Other medium (specify):

(9) Unknown
15. Medium Status (Immediately Prior to Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown
16. Entrapment 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

- (9) Unknown

26. Seat Type (This Occupant Position) ~~Ø~~ 1
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., van type)
 - (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 7
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify):

FLOOR PAN

- (7) Combination of above (specify):

5 + 6

- (8) Other (specify):

- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model ~~Ø~~ ~~Ø~~ ~~Ø~~
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 - (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat ~~Ø~~
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation ~~Ø~~ ~~Ø~~
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage ~~Ø~~ ~~Ø~~

32. Child Safety Seat Shield Usage ~~Ø~~ ~~Ø~~

33. Child Safety Seat Tether Usage ~~Ø~~ ~~Ø~~

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System—Crashworthiness Data System: Occupant Assessment Form

Page 4

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay 00

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal—ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 97

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

V2 02

91 AB 08

44. Automatic (Passive) Belt System Availability/
Function ϕ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use ϕ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type ϕ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)
Belt System ϕ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident ϕ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO ☒ YES []OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES ☒

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43 = 00,97,99)

* MEDICAL EXAMINER'S VERBAL AUTOPSY REPORT TO POLICE SUPERVISOR
IMMEDIATELY RELAYED TO INVESTIGATOR.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 3. Vehicle Number 01
2. Case Number—Stratum DSI-91-AB-08 4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

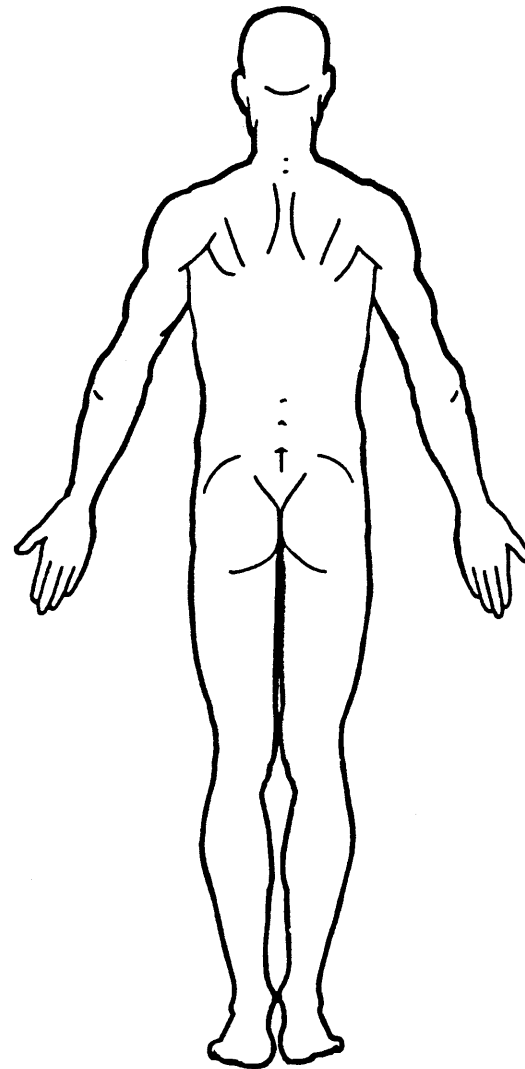
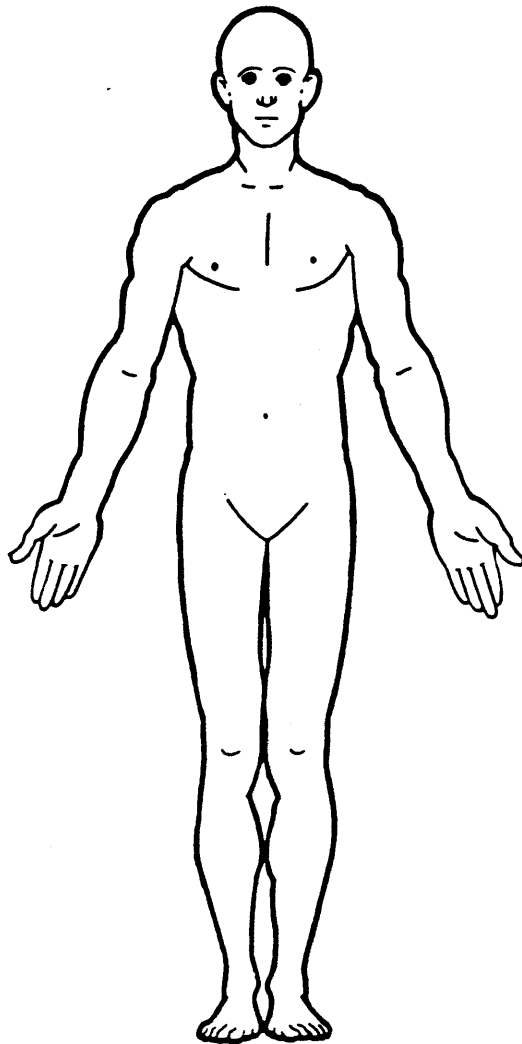
	* Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>L</u>	6. <u>C</u>	7. <u>C</u>	8. <u>R</u>	9. <u>H</u>	10. <u>5</u>	11. <u>04</u>	12. <u>1</u>	13. <u>1</u>	14. <u>27</u>
2nd	15. <u>L</u>	16. <u>C</u>	17. <u>C</u>	18. <u>R</u>	19. <u>H</u>	20. <u>5</u>	21. <u>04</u>	22. <u>1</u>	23. <u>1</u>	24. <u>27</u>
3rd	25. <u>L</u>	26. <u>M</u>	27. <u>R</u>	28. <u>L</u>	29. <u>L</u>	30. <u>4</u>	31. <u>04</u>	32. <u>1</u>	33. <u>1</u>	34. <u>27</u>
4th	35. <u>L</u>	36. <u>C</u>	37. <u>L</u>	38. <u>F</u>	39. <u>S</u>	40. <u>4</u>	41. <u>04</u>	42. <u>1</u>	43. <u>1</u>	44. <u>27</u>
5th	45. <u>L</u>	46. <u>M</u>	47. <u>L</u>	48. <u>L</u>	49. <u>Q</u>	50. <u>3</u>	51. <u>04</u>	52. <u>1</u>	53. <u>1</u>	54. <u>27</u>
6th	55. <u>L</u>	56. <u>C</u>	57. <u>L</u>	58. <u>P</u>	59. <u>P</u>	60. <u>3</u>	61. <u>04</u>	62. <u>1</u>	63. <u>2</u>	64. <u>27</u>
7th	65. <u>L</u>	66. <u>C</u>	67. <u>C</u>	68. <u>F</u>	69. <u>S</u>	70. <u>2</u>	71. <u>04</u>	72. <u>1</u>	73. <u>1</u>	74. <u>27</u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	---	—	—	---
12th	—	—	—	—	—	—	---	—	—	---
13th	—	—	—	—	—	—	---	—	—	---
14th	—	—	—	—	—	—	---	—	—	---
15th	—	—	—	—	—	—	---	—	—	---
16th	—	—	—	—	—	—	---	—	—	---
17th	—	—	—	—	—	—	---	—	—	---
18th	—	—	—	—	—	—	---	—	—	---
19th	—	—	—	—	—	—	---	—	—	---
20th	—	—	—	—	—	—	---	—	—	---
21st	—	—	—	—	—	—	---	—	—	---
22nd	—	—	—	—	—	—	---	—	—	---
23rd	—	—	—	—	—	—	---	—	—	---

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (eg. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand**Aspect of Injury**

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

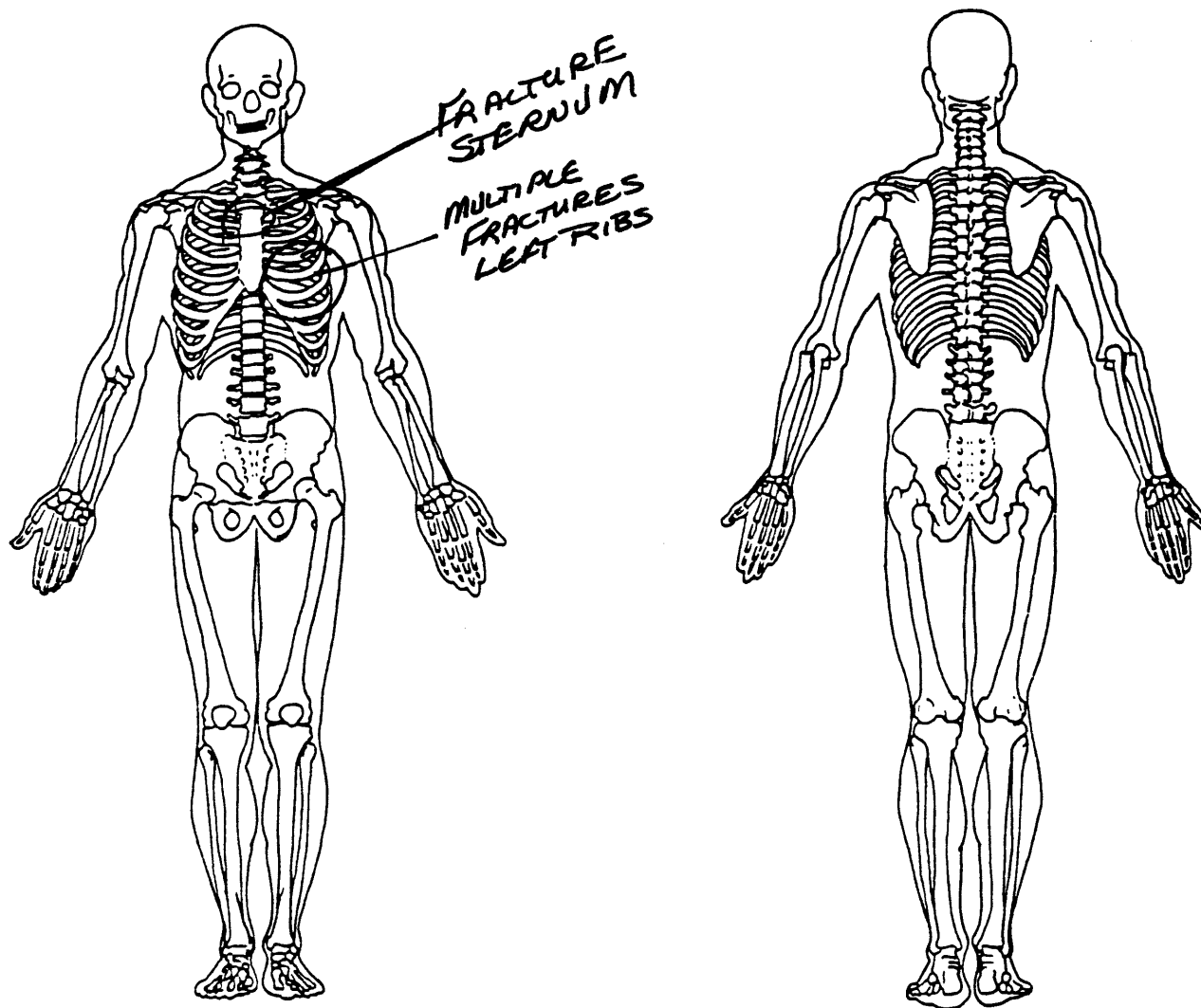
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

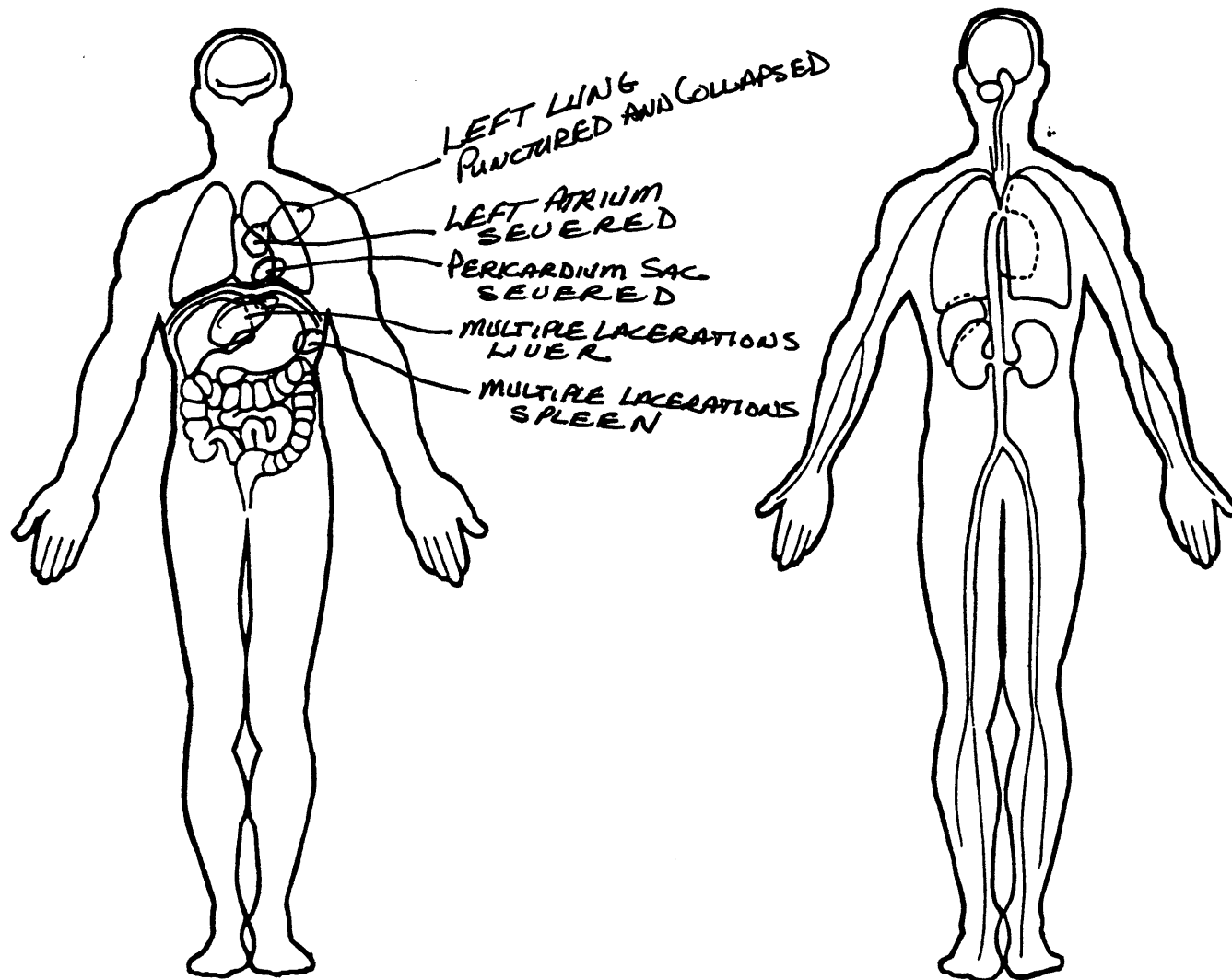
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number—Stratum DSI-91-AB-08

3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 88
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 12
Ford
Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 013
ESCORT
Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

7. Body Type 02
Note: Applicable codes are found on
the back of this page.

8. Vehicle Identification Number
1FAPP2094J1
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 50
Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See Variables 37 through 55 (Page 4)
for Information on Other Drugs

12. Alcohol Test Result for Driver 96
Code actual value (decimal implied before
first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source PAR

ACCIDENT RELATED

13. Speed Limit 50
(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver 99
(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type 51
Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

****SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify):

(09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks (< 10,000 lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) **Other van type (Hi-Cube Van, Kary) (specify):**

(29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (< 4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks (< 10,000 lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) **Other light conventional truck type (not a pickup - includes step vans ≤ 10,000 lbs GVWR, Grumman LLV vehicle) (specify):**

-
- (48) Unknown other light truck type (not a pickup)
 - (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):

(59) Unknown bus type

Medium/Heavy Trucks (> 10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs GVWR 26,000 lbs)
- (62) Single unit straight truck (> 26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify):

(79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify):

(99) Unknown body type

OCCUPANT RELATED16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle φ 2

- (00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted φ 2**VEHICLE WEIGHT ITEMS**19. Vehicle Curb Weight φ 2, 200

2187 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source: [REDACTED]20. Vehicle Cargo Weight φ φ 00

φ Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA21. Towed Trailing Unit φ

- (0) No towed unit
(1) Yes – towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle 1

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V) φ

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

24. Rollover φ

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover – end-over-end (i.e., primarily about the lateral axis)
(9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)25. Front Override/Underride (this vehicle) φ26. Rear Override/Underride (this vehicle) φ

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

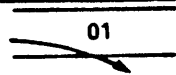
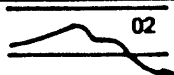
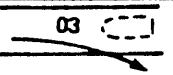
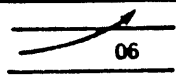
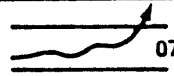
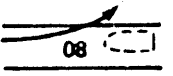
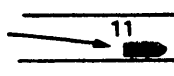
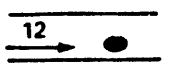
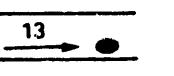
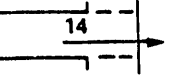
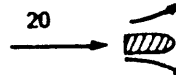
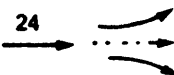
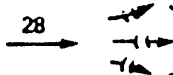
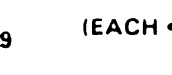
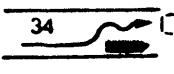
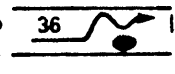
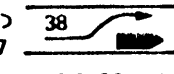
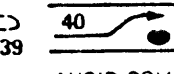
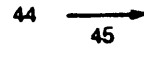
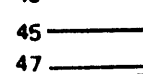
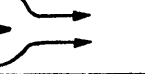



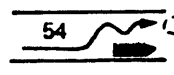
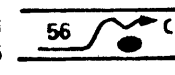
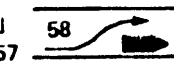
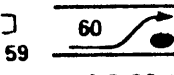
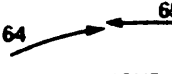


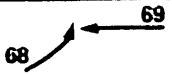
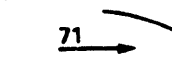
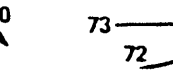

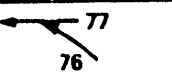


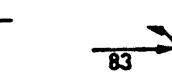
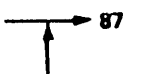
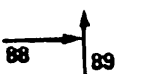

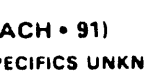
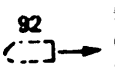

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle for This Vehicle 1 4 328. Heading Angle for Other Vehicle 3 2 7

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	06 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47	 46 47	 48 49	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 (EACH • 52) SPECIFICS OTHER	 53 (EACH • 53) SPECIFICS UNKNOWN		
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 (EACH • 66) SPECIFICS OTHER	 67 (EACH • 67) SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL SAME DIRECTIONS	 74 INITIAL SAME DIRECTIONS	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 80 TURN INTO OPPOSITE DIRECTIONS	 82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86	 88	 90	 92	(EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

29. Basis for Total Delta V (Highest)

1

Delta V Calculated

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

3838.1 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

+ 38-37.6 Nearest mph

(NOTE: —00 means greater than
– 0.5 and less than + 0.5 mph)
(± 97) ± 96.5 mph and above
(— 99) Unknown

32. Lateral Component of Delta V

Secondary Highest

⊕ 76.6 Nearest mph

(NOTE: —00 means greater than
– 0.5 and less than + 0.5 mph)
(± 97) ± 96.5 mph and above
(— 99) Unknown

33. Energy Absorption

10986.3 10010986.3 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

1

- (0) No reconstruction
- (1) Collision fits model—results appear reasonable
- (2) Collision fits model—results appear high
- (3) Collision fits model—results appear low
- (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

1

- (0) No
- (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO
IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [X] NO

37. Police Reported Other Drug Presence

7

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Observation/Perception

9

Test Type For Driver

- (0) No observation/perception test given
- (1) Drug recognition technician (DRT) determination
- (2) Behavioral
- (3) Other physical observation/perception determination (specify):

(7) Other observation/perception test(8) No driver present(9) Unknown if observation/perception test given

39. Other Drug Specimen Test Type For Driver

2

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

(7) Unspecified specimen test(8) No driver present(9) Unknown if specimen test given

OTHER DRUGS TEST RESULTS FOR DRIVER

	Observation/ Perception Test Results	Specimen Test Results
Narcotic Drug	40. <u>9</u>	41. <u>9</u>
Depressant Drug	42. <u>9</u>	43. <u>9</u>
Stimulant Drug	44. <u>9</u>	45. <u>9</u>
Hallucinogen Drug	46. <u>9</u>	47. <u>9</u>
Cannabinoid Drug	48. <u>9</u>	49. <u>9</u>
Phencyclidine (PCP)	50. <u>9</u>	51. <u>9</u>
Inhalant Drug	52. <u>9</u>	53. <u>9</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>9</u>	55. <u>9</u>

Codes For Observation/Perception Test Results

- (0) No observation/perception test given
- (1) Passed observation/perception test
- (2) Failed observation/perception test
- (3) Observation/perception test given - results unknown
- (8) No driver present
- (9) Unknown if observation perception test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (8) No driver present
- (9) Unknown if specimen test given

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

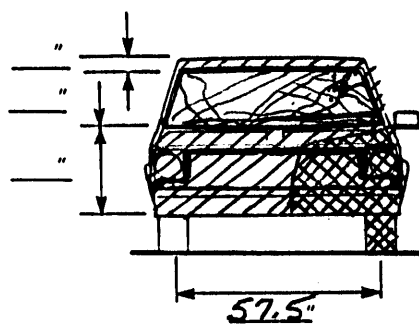
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

[illegible]

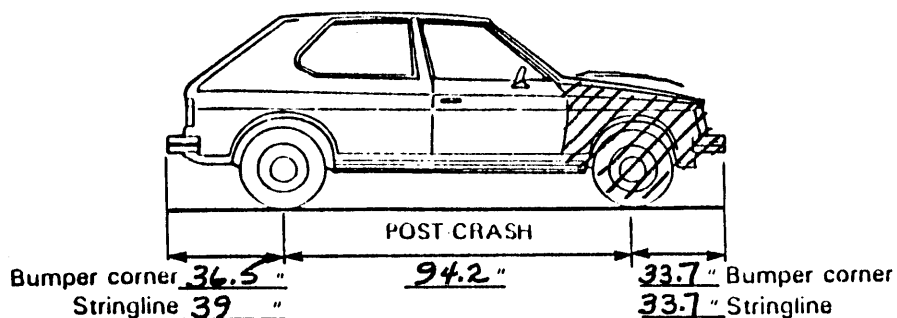
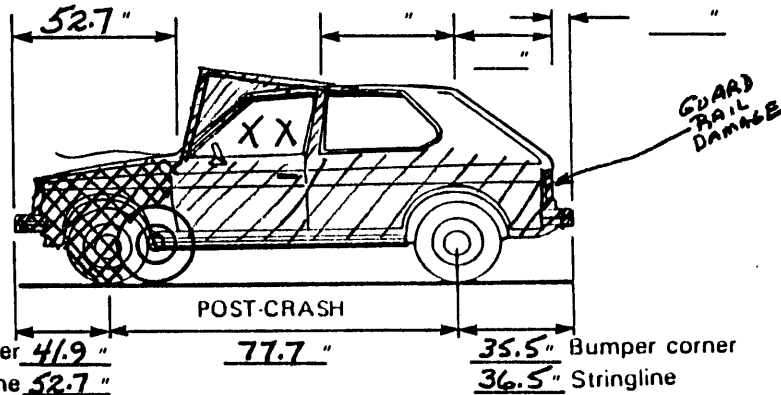
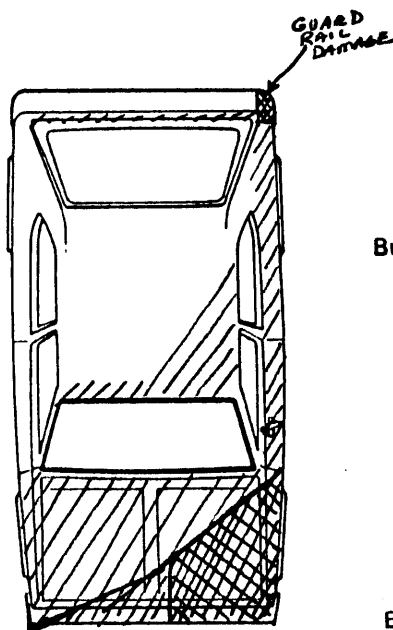
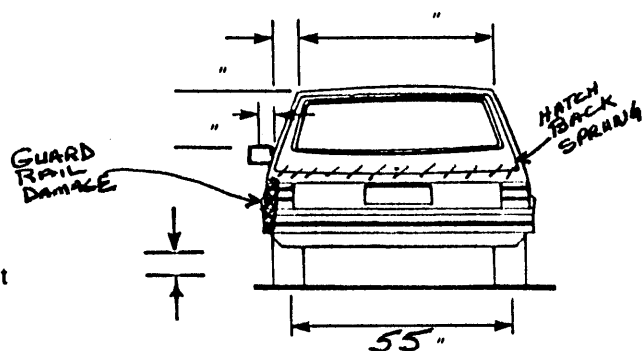
VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>1</u> LF <u>1</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>94.2</u> Overall Length <u>166.9</u> Maximum Width <u>65.9</u> Curb Weight <u>2187</u> Average Track <u>55.4</u> Front Overhang _____ Rear Overhang _____ Engine Size: cyl./ displ. <u>L4/1.9</u> Undeformed End Width <u>59</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF <u>0 - 5</u> ° LF <u>—</u> ° RR <u>—</u> ° LR <u>—</u> ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>ϕ</u>		

GAUGE STANDS A.O.L.



Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>ϕ 1</u>	5. <u>ϕ 1</u>	6. <u>1:2</u>	7. <u>F</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>ϕ 3</u>

Second Highest Delta "V"

12. <u>ϕ 2</u>	13. <u>56</u>	14. <u>ϕ 6</u>	15. <u>B</u>	16. <u>L</u>	17. <u>E</u>	18. <u>N</u>	19. <u>ϕ 1</u>
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CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. L	21. C1	C2	C3	C4	C5	C6	22. + - D
<u>ϕ 59</u>	<u>42</u>	<u>34</u>	<u>3 ϕ</u>	<u>16</u>	<u>ϕ 6</u>	<u>ϕ ϕ</u> PULLED	<u>ϕ 19</u>

Second Highest Delta "V"

23. L	24. C1	C2	C3	C4	C5	C6	25. + - D
<u>CDC ONLY</u>							

26. Are CDCs Documented but Not Coded on The Automated File ? ϕ

(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition L

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase ϕ 94.2

Code to the nearest tenth of an inch
(9999) Unknown

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

Ø

(0) No post manufacturer modifications

(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence

Ø

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire

Ø

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank

1

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number
2. Case Number—Stratum DST-91-AB-08
3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06
- (00) No integrity loss
- Yes, Integrity Was Lost Through
- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):
- (99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 3 6. RF 1 7. LR 0 8. RR 0 9. TG/H 2
- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):
- (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 = 2, Then Code 0.

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 4
- (0) No door/gate/hatch or door not opened
- Door, Tailgate, or Hatch Came Open During Collision
- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):
- (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 8

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORK SHEET

TOP
VIEW

Longitudinal

Lateral

Lateral

Longitudinal

LEFT SIDE
VIEW

Vertical

Longitudinal

Longitudinal

RIGHT SIDE
VIEW

Vertical

Longitudinal

Longitudinal

Vertical

Note: Sketch intruded areas

LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
11	TOE PAN	23.5	-	11	=	12.5	LONG.
11	"A" PILLAR	40.5	-	37	=	3.5	LONG.
11	L. INST. PANEL	35.8	-	32.5	=	3.3	LONG.
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		
			-		=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>φ</u> <u>5</u>	49. <u>4</u>	50. <u>2</u>
2nd	51. <u>1</u> <u>1</u>	52. <u>φ</u> <u>6</u>	53. <u>2</u>	54. <u>2</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>φ</u> <u>2</u>	57. <u>2</u>	58. <u>2</u>
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION**Front Seat**

- (11) Left
(12) Middle
(13) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

- (97) Catastrophic
(98) Other enclosed area (specify): _____

Third Seat

- (31) Left
(32) Middle
(33) Right

- (99) Unknown

INTRUDING COMPONENT**Interior Components**

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
(28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
(31) Outside surface of vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
(2) ≥ 3 inches but < 6 inches
(3) ≥ 6 inches but < 12 inches
(4) ≥ 12 inches but < 18 inches
(5) ≥ 18 inches but < 24 inches
(6) ≥ 24 inches
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE

-

DAMAGE VALUE

=

DEFORMATION

-

-

-

-

COLLAPSED

= TOP - 3.0"

= RIGHT - 1.5"

= BOTTOM - 3.0"

= LEFT - 1.5"

STEERING COLUMN**87. Steering Column Type**

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-90 CDS.

92. Steering Rim/Spoke Deformation

_____ Code actual measured deformation to the nearest inch.

- (0) No steering rim deformation
 (1-5) Actual measured value
 (6) 6 inches or more
 (8) Observed deformation cannot be measured
 (9) Unknown

93. Location of Steering Rim/Spoke Deformation

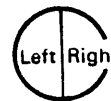
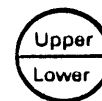
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL**94. Odometer Reading**

36780.3 miles—Code mileage to the nearest 1,000 miles

- (000) No odometer
 (001) Less than 1,500 miles
 (300) 299,500 miles or more
 (999) Unknown

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact?

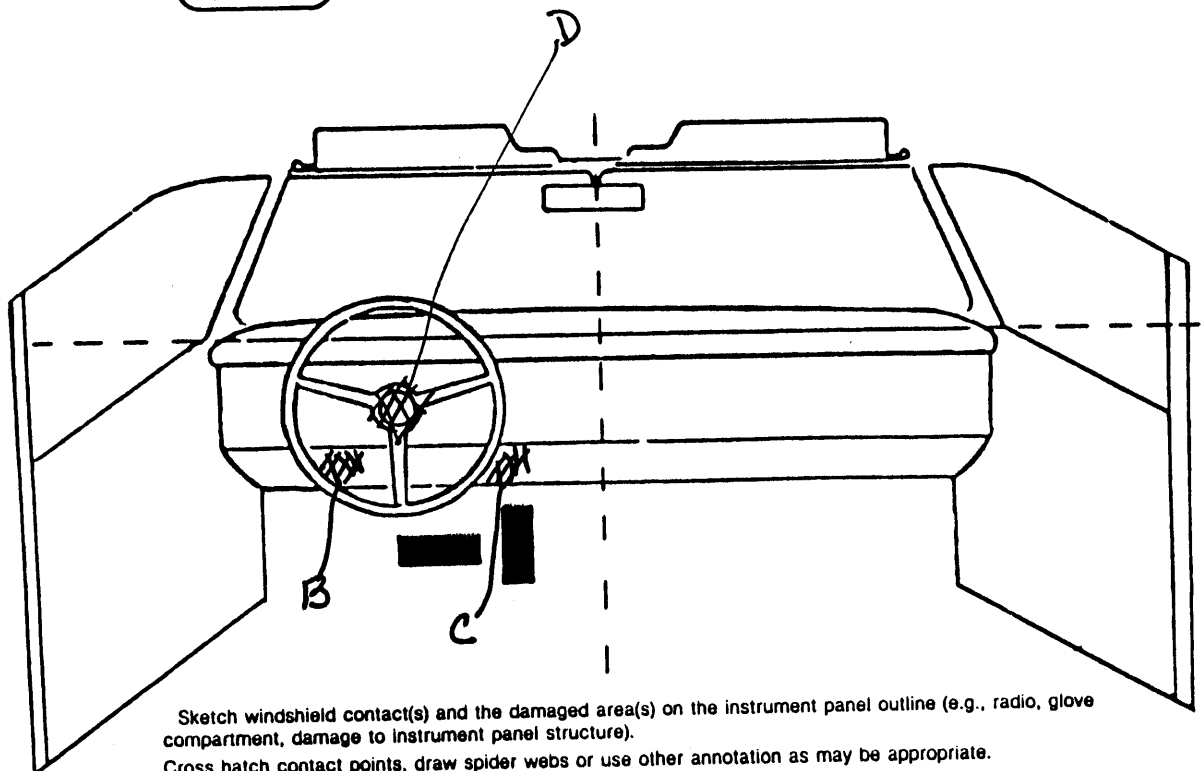
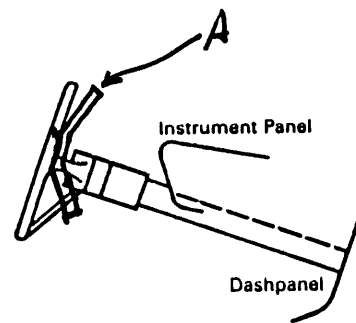
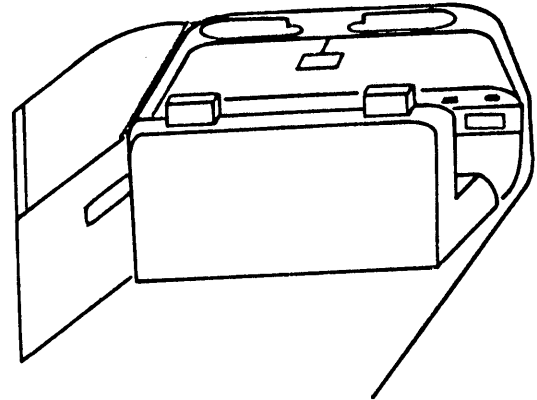
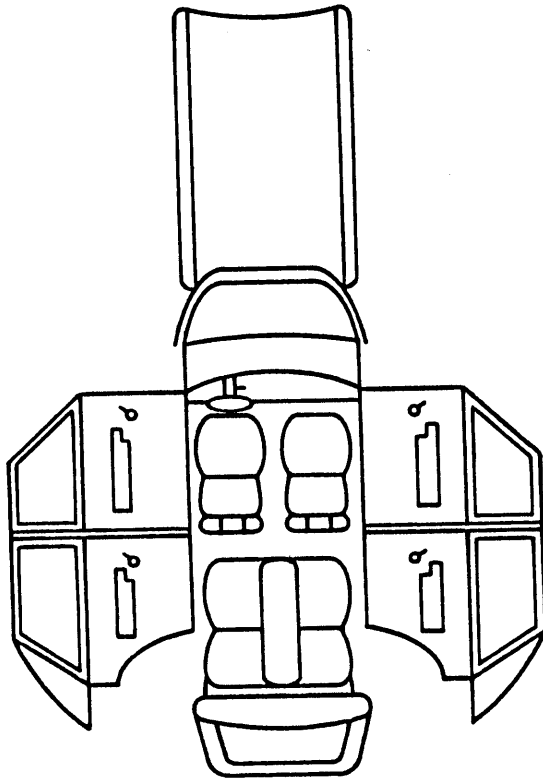
- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	Ø 4	Ø 1	L.R. HANDS ABDOMEN	DEFORMATION & FABRIC TRANS.	1
B	Ø 9	Ø 1	L. KNEE	FAB. TRANSFER & DEFORMATION	1
C	Ø 9	Ø 1	R. KNEE	FAB. TRANSFER & DEFORMATION	1
D	Ø 5	Ø 1	UPPER THIGH	FAB. TRANSFER & DEFORMATION	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	ϕ	ϕ
	Deployment	ϕ	ϕ
	Failure	ϕ	ϕ

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled _____

- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	1	1
	Use	1	1
	Type	2	2
	Proper Use	1	1
	Failure Modes	1	1

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor _____

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	3	∅	3
	Use	∅∅	∅∅	∅3
	Failure Modes	∅	∅	1
S E C O N D	Availability	4	3	4
	Use	∅∅	∅∅	∅∅
	Failure Modes	∅	∅	∅
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (03) Other orientation (specify):

- (04) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation
- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	φ	3
	Seat Type	φ 2	φ φ	φ 2
	Seat Performance	5	φ	1
SECOND	Head Restraint Type/Damage	φ	φ	φ
	Seat Type	φ 5	φ 5	φ 5
	Seat Performance	1	1	1
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number
2. Case Number—Stratum DSI-91AB-08
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 36
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown
8. Occupant's Weight 999
Code actual weight to the nearest pound.
(999) Unknown
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown
10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture
(1) Abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown
13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown
14. Ejection Medium 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify): _____
(5) Integral structure
(8) Other medium (specify): _____
(9) Unknown
15. Medium Status (Immediately Prior to Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown
16. Entrapment 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 3

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available – type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used – type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat – type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral – no damage
- (2) Integral – damaged during accident
- (3) Adjustable – no damage
- (4) Adjustable – damaged during accident
- (5) Add-on – no damage
- (6) Add-on – damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position) 2

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 5

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT28. Child Safety Seat Make/Model φ φ φ

- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 3

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease
- Nonfatal
- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

- (9) Unknown

36. Type of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay 9 9

- _____ Code number of days (up through 60)
that the occupant stayed in the hospital
- (00) Not hospitalized
 - (61) 61 days or more
 - (99) Unknown

38. Working Days Lost 9 9

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

39. Time to Death φ φ

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up through
30 days = 60)
- (00) Not fatal
 - (96) Fatal—ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
- (00) Not fatal or no additional causes
 - (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for
This Occupant φ 5

- _____ Code the actual number of
injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 5

<p>44. Automatic (Passive) Belt System Availability/Function <u>1</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p>Non-functional</p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>45. Automatic (Passive) Belt System Use <u>1</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p> <p>46. Automatic (Passive) Belt System Type <u>2</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p>	<p>47. Proper Use of Automatic (Passive) Belt System <u>1</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p>Automatic Belt Used Improperly</p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown</p> <p>48. Automatic (Passive) Belt Failure Modes During Accident <u>1</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown</p>
<p>UPDATE CANDIDATE? NO <input checked="" type="checkbox"/> YES []</p> <p>OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES <input checked="" type="checkbox"/></p>	
<p>*** STOP HERE ***</p> <p>IF THERE ARE NO RECORDED INJURIES</p> <p>(I.E., OA43 = 00,97,99)</p>	



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number 3. Vehicle Number 02
2. Case Number - Stratum DSI-91-AB-08 4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

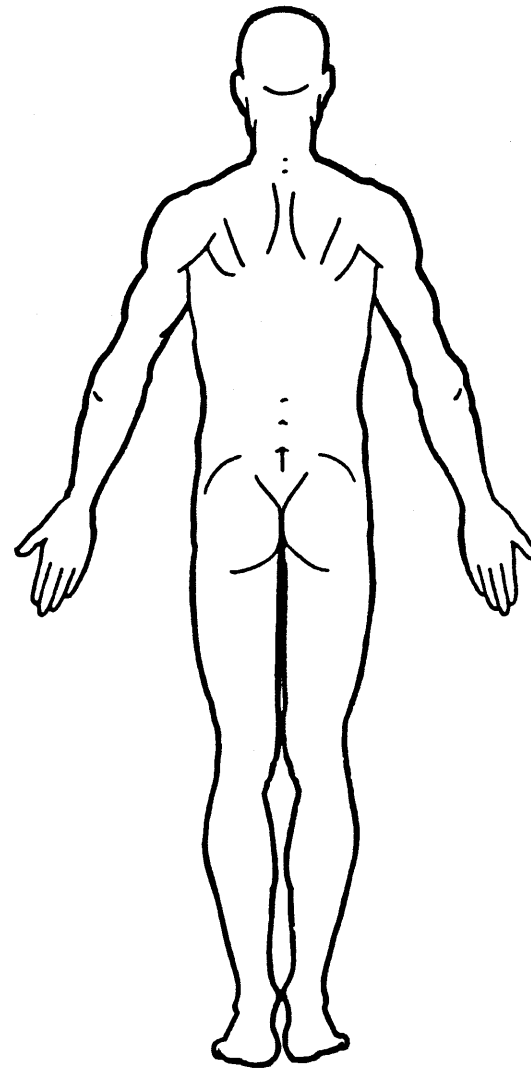
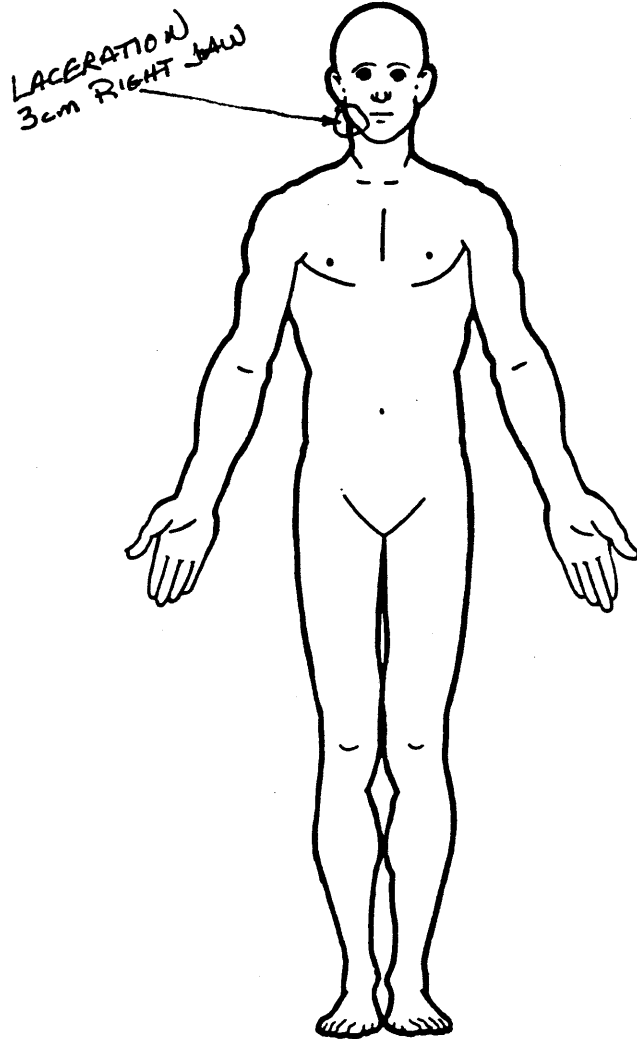
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. <u>2</u>	6. <u>P</u>	7. <u>L</u>	8. <u>E</u>	9. <u>J</u>	10. <u>3</u>	11. <u>04</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>
2nd	15. <u>2</u>	16. <u>P</u>	17. <u>L</u>	18. <u>F</u>	19. <u>S</u>	20. <u>2</u>	21. <u>04</u>	22. <u>1</u>	23. <u>1</u>	24. <u>00</u>
3rd	25. <u>2</u>	26. <u>C</u>	27. <u>R</u>	28. <u>F</u>	29. <u>S</u>	30. <u>2</u>	31. <u>05</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>
4th	35. <u>2</u>	36. <u>F</u>	37. <u>R</u>	38. <u>L</u>	39. <u>I</u>	40. <u>1</u>	41. <u>04</u>	42. <u>1</u>	43. <u>1</u>	44. <u>00</u>
5th	45. <u>2</u>	46. <u>Q</u>	47. <u>R</u>	48. <u>S</u>	49. <u>J</u>	50. <u>1</u>	51. <u>56</u>	52. <u>1</u>	53. <u>1</u>	54. <u>01</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>

OCCUPANT INJURY DATA

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand**Aspect of Injury**

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (I) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

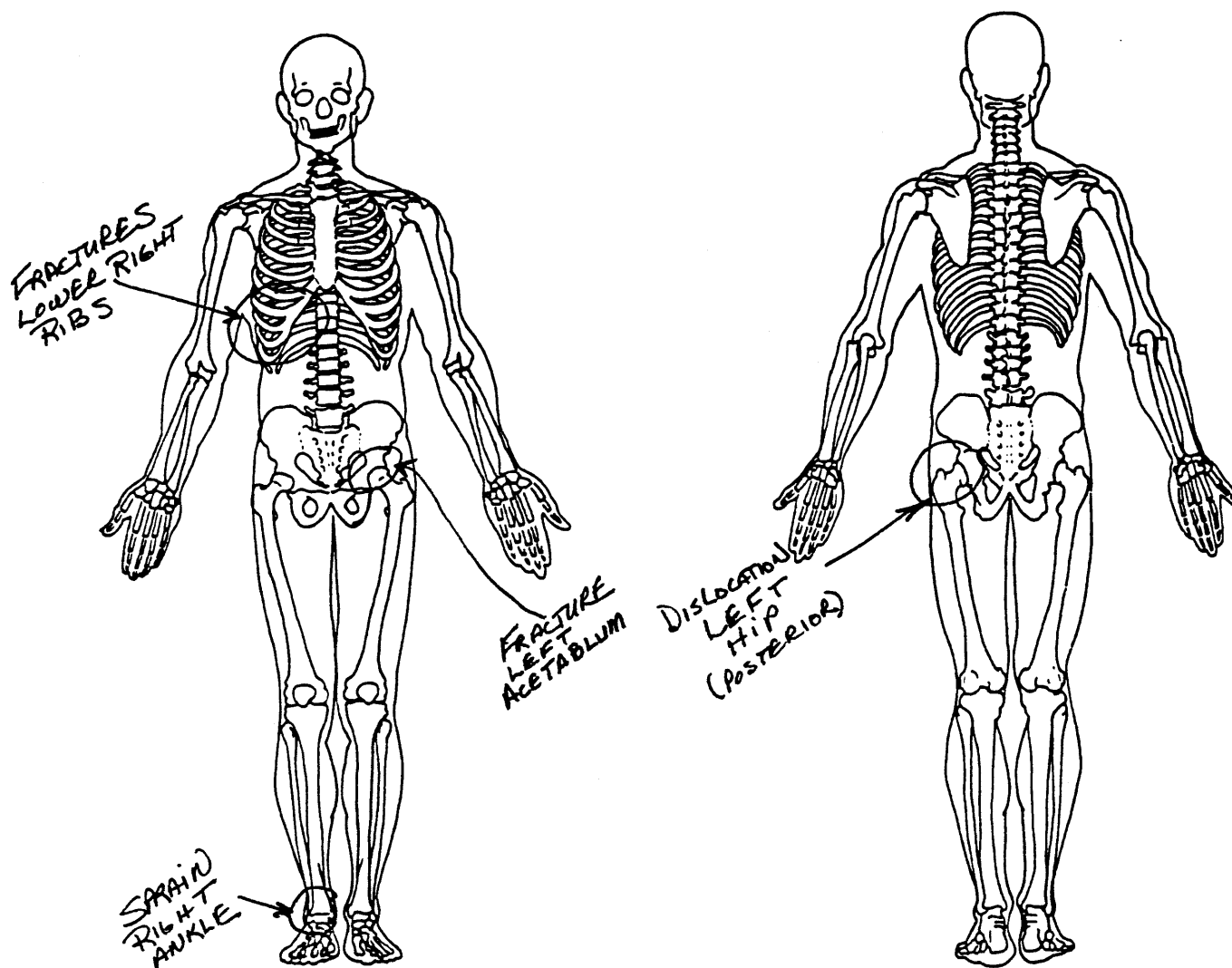
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

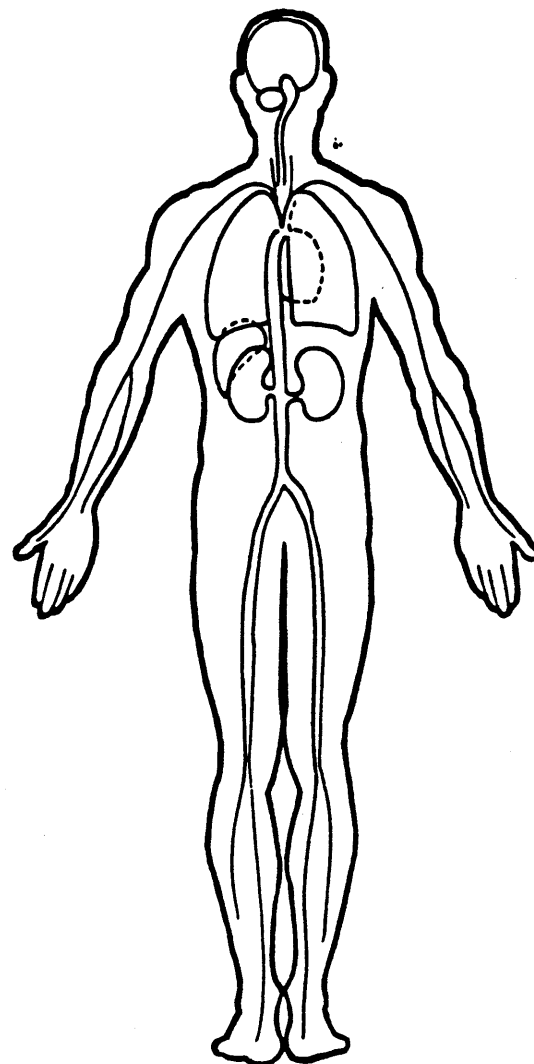
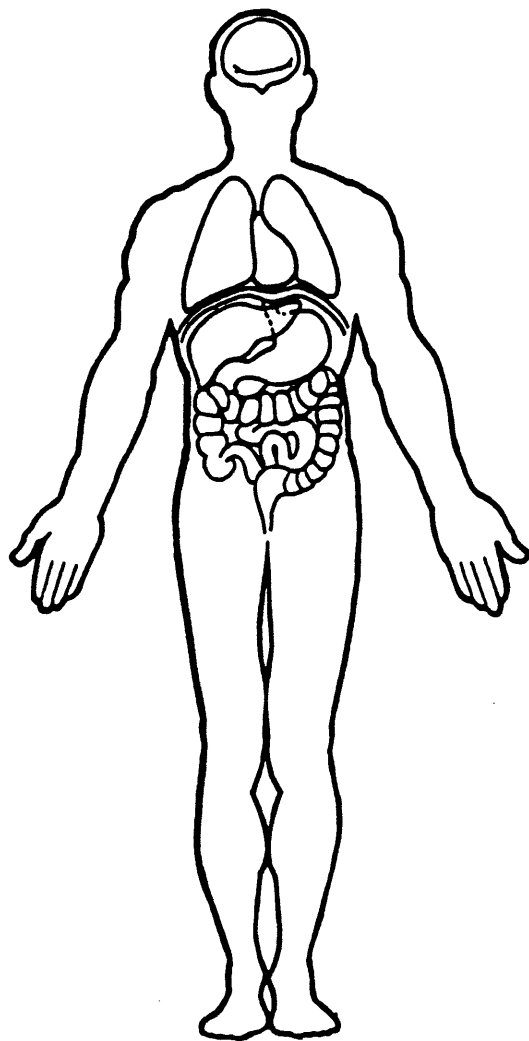
OFFICIAL INJURY DATA – SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location*, *Lesion*, *Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved

O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-91-48-083. Vehicle Number 024. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 09

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 99

Code actual height to the nearest inch.

(99) Unknown

8. Occupant's Weight 999

Code actual weight to the nearest pound.

(999) Unknown

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

(1) Abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

(0) No ejection

(1) Complete ejection

(2) Partial ejection

(3) Ejection, unknown degree

(9) Unknown

13. Ejection Area 0

(0) No ejection

(1) Windshield

(2) Left front

(3) Right front

(4) Left rear

(5) Right rear

(6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.)

(specify):

(9) Unknown

14. Ejection Medium 0

(0) No ejection

(1) Door/hatch/tailgate

(2) Nonfixed roof structure

(3) Fixed glazing

(4) Nonfixed glazing (specify):

(5) Integral structure

(8) Other medium (specify):

(9) Unknown

15. Medium Status (Immediately Prior to Impact) 0

(0) No ejection

(1) Open

(2) Closed

(3) Integral structure

(9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

(0) Not entrapped

(1) Entrapped

(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 3

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use φ 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (9) Unknown

23. Did Air Bag System Fail? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5)
for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): auto shoulder, manual lap

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position) φ 2
- (00) Occupant not seated or no seat
 - (01) Bucket
 - (02) Bucket with folding back
 - (03) Bench
 - (04) Bench with separate back cushions
 - (05) Bench with folding back(s)
 - (06) Split bench with separate back cushions
 - (07) Split bench with folding back(s)
 - (08) Pedestal (i.e., van type)
 - (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 1
- (0) Occupant not seated or no seat
 - (1) No seat performance failure(s)
 - (2) Seat adjusters failed
 - (3) Seat back folding locks failed
 - (4) Seat track/anchors failed
 - (5) Deformed by impact of occupant
 - (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
- (000) No child safety seat
 - Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
 - (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ
- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System—Crashworthiness Data System: Occupant Assessment Form

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INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 2

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay 00

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal—ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ**41. 2nd Medically Reported Cause of Death** φ φ**42. 3rd Medically Reported Cause of Death** φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 97

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 5

44. Automatic (Passive) Belt System Availability/
Function 1

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)
Belt System 1

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

- (9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident 1

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

UPDATE CANDIDATE? NO ☒ YES []OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES ☒

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number — —

3. Vehicle Number

02

2. Case Number—Stratum DSI-91-AB-08

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.—A.I.S.					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
		Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
1st	5. <u>2</u>	6. <u>U</u>	7. <u>U</u>	8. <u>U</u>	9. <u>U</u>	10. <u>7</u>	11. <u>27</u>	12. <u>2</u>	13. <u>7</u>	14. <u>22</u>
2nd	15. —	16. —	17. —	18. —	19. —	20. —	21. —	22. —	23. —	24. —
3rd	25. —	26. —	27. —	28. —	29. —	30. —	31. —	32. —	33. —	34. —
4th	35. —	36. —	37. —	38. —	39. —	40. —	41. —	42. —	43. —	44. —
5th	45. —	46. —	47. —	48. —	49. —	50. —	51. —	52. —	53. —	54. —
6th	55. —	56. —	57. —	58. —	59. —	60. —	61. —	62. —	63. —	64. —
7th	65. —	66. —	67. —	68. —	69. —	70. —	71. —	72. —	73. —	74. —
8th	75. —	76. —	77. —	78. —	79. —	80. —	81. —	82. —	83. —	84. —
9th	85. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —
10th	95. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —

SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (eg. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify):

- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify):

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify):

- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):

- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (Q) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand**Aspect of Injury**

- (A) Anterior-front
- (B) Bilateral (rib fracture only).
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

(G) Detachment, separation

- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

(I) Integumentary

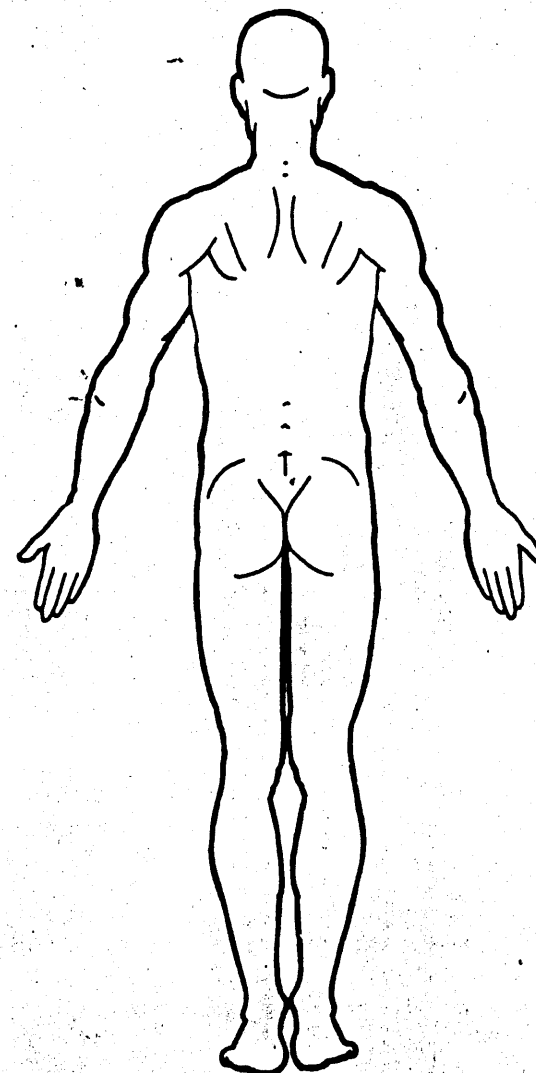
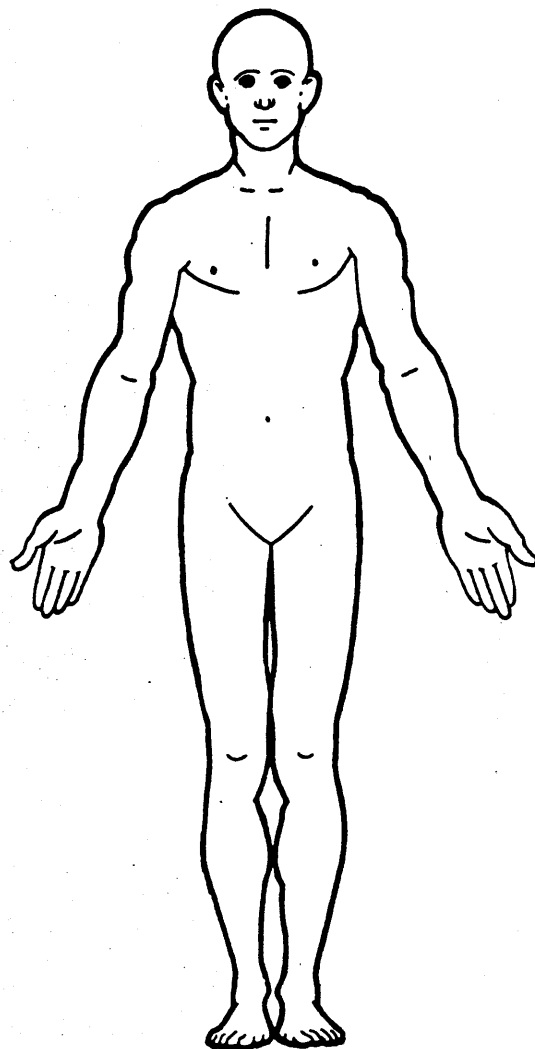
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

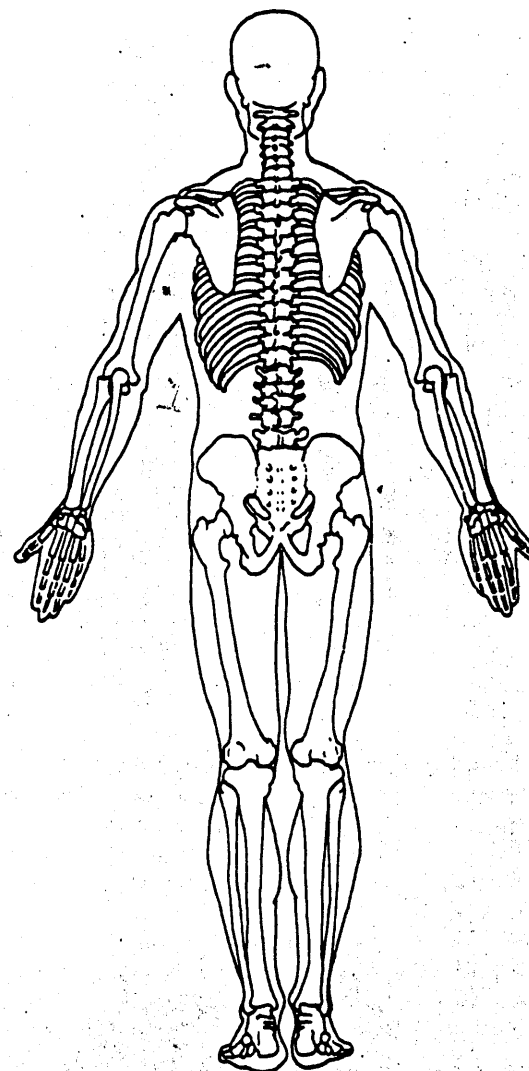
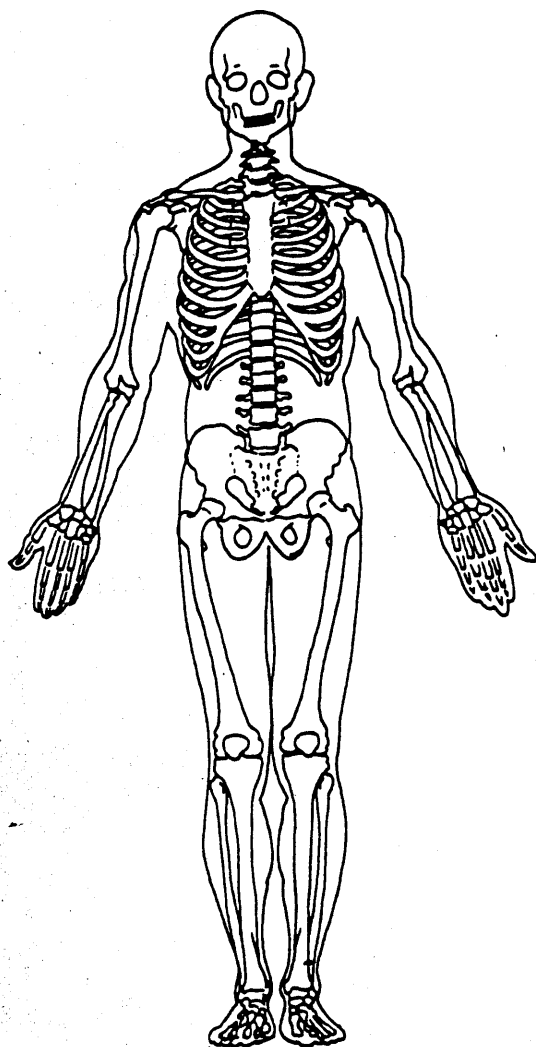
OFFICIAL INJURY DATA—SOFT TISSUE INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



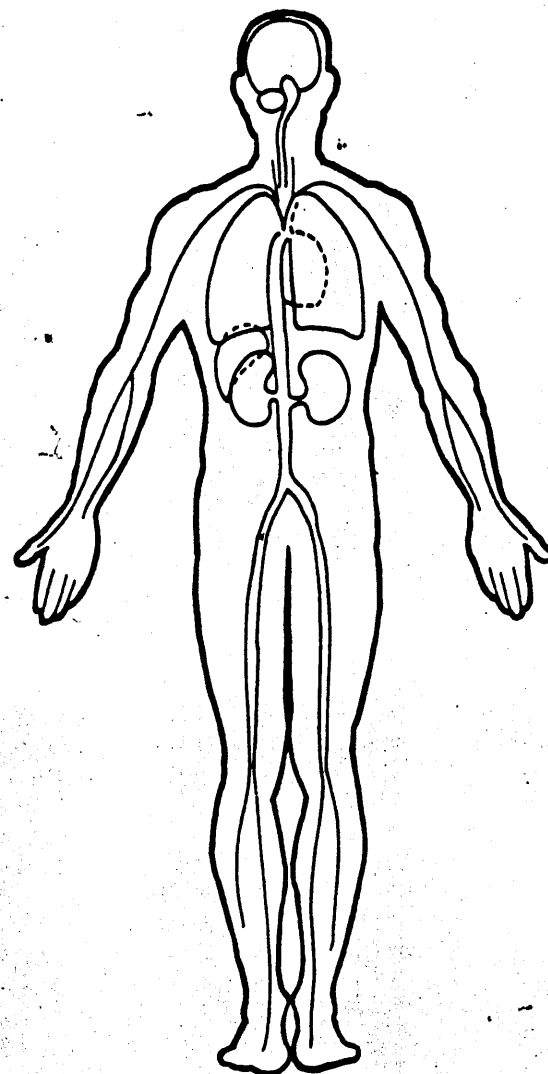
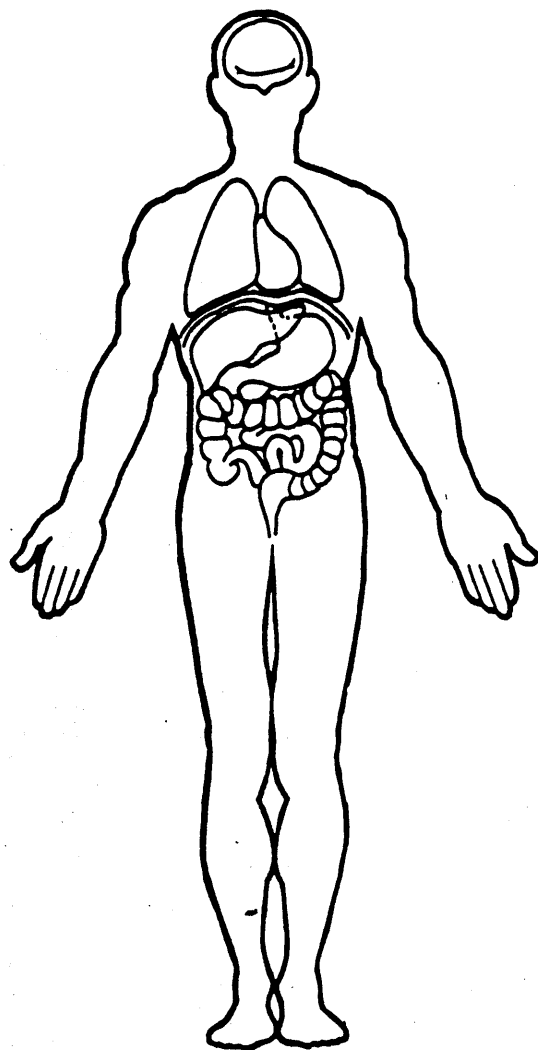
OFFICIAL INJURY DATA—SKELETAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the *Location, Lesion, Detail* (size, depth, fracture type, head injury clinical signs and neurological deficits), and *Source* of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



DSI-91-AB-08

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #1	33.5	-33.0	5.8	-10.0
	VEH #2	38.1	-37.6	6.6	-10.0

ENERGY DISSIPATED BY DAMAGE VEH#1:124220.8 FT-LB VEH#2:109086.3 FT-LB

SUMMARY OF DAMAGE DATA
VEHICLE # 1(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 2
 STIFFNESS---CATEGORY 2
 WEIGHT----- 2630.0 LBS.
 CDC-----12FYEW3
 L----- 58.5 IN.
 C1----- 41.9 IN.
 C2----- 37.0 IN.
 C3----- 33.6 IN.
 C4----- 23.3 IN.
 C5----- 11.8 IN.
 C6----- 2.8 IN.
 D----- -14.5
 RHO----- 1.00 *

TYPE-----CATEGORY 1
 STIFFNESS---CATEGORY 9
 WEIGHT----- 2312.0 LBS.
 CDC-----12FYEW3
 L----- 59.0 IN.
 C1----- 41.5 IN.
 C2----- 33.8 IN.
 C3----- 29.6 IN.
 C4----- 16.1 IN.
 C5----- 6.3 IN.
 C6----- .0 IN.
 D----- -18.5
 RHO----- 1.00 *

ANG----- -10.0 DEG.
 D'----- -22.3 IN.

ANG----- -10.0 DEG.
 D'----- -28.8 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	=	46.3	IN.	A2	=	45.1	IN.
B1	=	50.1	IN.	B2	=	48.1	IN.
TR1	=	54.6	IN.	TR2	=	51.1	IN.
I1	=	20179.7	LB-SEC**2-IN	I2	=	12058.9	LB-SEC**2-IN
M1	=	6.838	LB-SEC**2/IN	M2	=	6.011	LB-SEC**2/IN
XF1	=	83.3	IN.	XF2	=	76.0	IN.
XR1	=	-91.6	IN.	XR2	=	-83.8	IN.
YS1	=	33.6	IN.	YS2	=	30.4	IN.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

DSI-91-AB-08

Case No.

01
Accident Event
Sequence No.

9 1
Date (month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1	<u>1990</u>	<u>DODGE</u>	<u>OMNI</u>	<u>01</u>
Vehicle 2	<u>1988</u>	<u>FORD</u>	<u>ESCORT</u>	<u>02</u>
	Year	Make	Model	NASS Ven. No.

GENERAL INFORMATION

VEHICLE 1				VEHICLE 2					
Size			<u>2</u>	Size			<u>1</u>		
Weight	<u>2335</u>	+ <u>170</u>	+ <u>125</u>	= <u>2630</u>	Weight	<u>2187</u>	+ <u>125</u>	+ <u>0</u>	= <u>2312</u>
	Curb	Occupant(s)	Cargo		Curb	Occupant(s)	Cargo		
CDC		<u>1</u>	<u>2</u>	<u>F</u>	<u>Y</u>	<u>E</u>	<u>W</u>	<u>3</u>	
PDOF									
Stiffness									

SCENE INFORMATION

Rest and Impact Positions ☒ No. Go To Damage Information ☐ Yes

VEHICLE 1		VEHICLE 2	
Rest Position		Rest Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Impact Position		Impact Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Slip Angle	_____	Slip Angle	_____

VEHICLE MOTION

Sustained Contact ☒ No ☐ Yes

VEHICLE 1		VEHICLE 2	
Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding	<input type="checkbox"/> No <input type="checkbox"/> Yes
Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Skidding Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End-of-Skidding Position		End-of-Skidding Position	
X	_____	X	_____
Y	_____	Y	_____
PSI	_____	PSI	_____
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path		Point on Path	
X	_____	X	_____
Y	_____	Y	_____
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

National Accident Sampling System—Crashworthiness Data System: CrashPC Program Summary

FRICTION INFORMATION

Coefficient of Friction

Rolling Resistance Option

Vehicle 1 Rolling Resistance

LF RF

LR RR

Vehicle 2 Rolling Resistance

LF RF

LR RR

TRAJECTORY INFORMATION

Trajectory Data ☒ No ☐ Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF RF

LR RR

Vehicle 2 Steer Angles

LF RF

LR RR

Terrain Boundary ☐ No ☐ Yes

First Point

X Y

Second Point

X Y

Secondary Friction Coefficient

DAMAGE INFORMATION

VEHICLE 1

Damage Length φ 58.5 φCrush Depths C1 41.9 φC2 37.φ φC3 33.6 φC4 23.3 φC5 11.8 φC6 φ 2.8 φDamage Offset ⊖ φ 14.5 φ

VEHICLE 2

Damage Length φ 59.φ φCrush Depths C1 41.5 φC2 33.75C3 29.6 φC4 16.1 φC5 φ 6.25C6 φ φ.φ φDamage Offset ⊖ φ 18.5 φ

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: [REDACTED] 91

2. Police Investigated

- (1) Yes
(2) No
(3) Unknown

Agency:

City:

County:

3. General Locality

- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

4. Configuration (First Harm)

- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

5. Fire Involved

- (0) None
(1) Airbag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9. Maximum AIS in Accident

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected: [REDACTED] 91

11. Reason Vehicle Note Inspected

- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located
(3) Repaired or Destroyed
(5) Refusal or Impounded
(7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
(1) CRASH - Damage Only
(2) CRASH - Damage + Traj
(3) OLDMISS
(4) POLES
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
(2) No
(9) Unknown

15. Prior AB Maintenance or Service

- (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

AIRBAG VEHICLE

Fleet: *NONE*VIN: *1B3XL1B03*Mileage: *25227.4*

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
17. Driver's Report of Pre-Impact Flashing 99
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes: ____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown
18. Period of Pre-Impact Flashing 9
- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown
19. Post-Impact Lamp Condition 2
- (1) Functioning/Proved Out
- (2) Inoperative
- (9) Unknown
20. Post-Impact Flashing 99
- (00) No Flashing Reported
- (01) Continuous Flashing
- (02)
- Number of Flashes: ____
- (11)
- (12) Constant Light
- (19) Flashing, Unknown Number
- (88) Not Applicable, System Removed
- (99) Unknown
21. Airbag Vehicle First Harmful Event 13
- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife
- COLLISION WITH:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- COLLISION WITH FIXED OBJECT
- (20) Building
- (21) Impact attenuator/crash cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/traffic sign post
- (30) Overhead sign support
- (31) Luminaire/light support
- (32) Utility pole
- (33) Other post, pole, or support
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone, or concrete
- (39) Fence
- (40) Wall
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity
- (99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 3
- (0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown
23. Manner of Leaving Scene 2
- (1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown
24. Number of Impact Events 1
- (8) 8 or more
(9) Unknown
25. Rollover φ
- (0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown
26. Override/Underide φ
- (0) No override/underide
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underide - 1st CDC
(4) Underide - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE

CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 1
28. Right Front Fender Damage 1
29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 4
31. Right 4
- (1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 2
- (0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC: 92 FYEW 3

34. Object Contacted: 1988 Ford ESCORT

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V 34
37. Longitudinal Delta-V -33
38. Configuration 2
- See 32 above for codes
39. CDC: 92 FYEW 3
40. Object Contacted: 1988 Ford ESCORT

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

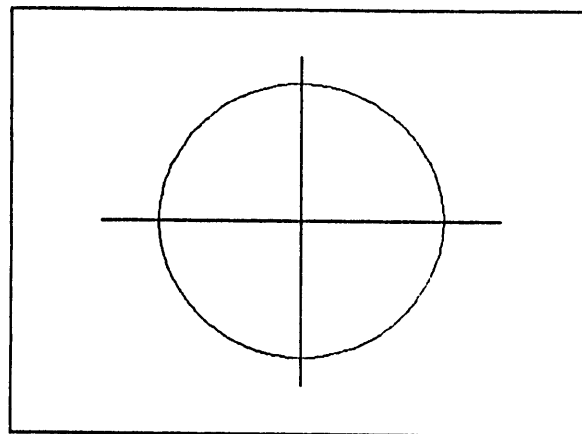
CODES: (1) Yes, Damaged
 (2) No, Intact
 (3) Not Applicable
 (9) Unknown

DESCRIBE SYSTEM AND BAG DAMAGE: *None*

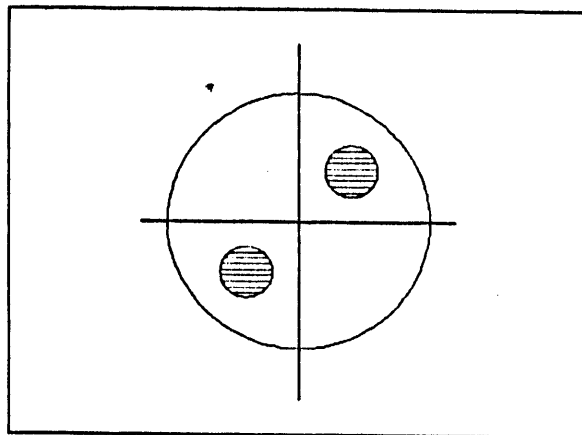
41. Airbag Module 2
42. Left Front Sensor 1
43. Center Front Sensor 9
44. Right Front Sensor 1
45. Rear Cowl Sensor 9
46. Diagnostic Module 9
47. Wiring 9
48. Knee Diverter 3
49. Indication of disconnected
or loose electrical
connectors 9
50. Condition of Deployed Bag 1
- (1) Bag intact
 (2) Split or torn
 (3) Cut by object in impact
 (4) Cut after accident
 (5) Other
 (8) NA (not deployed)
 (9) Unknown

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle 1
52. Number of Injured Persons 1
53. Maximum AIS in Airbag Vehicle 5
- (0) No Injury
- (1-6) AIS Severity
- (7) Injured, unknown severity
- (9) Unknown

DRIVER

Age: 49

Sex: MALE

54. Number of Driver Injuries
- 7

55. Source of Best Injury Data 1
- (0) Not injured
- (1) Autopsy
- (2) Hospital Medical Records
- (3) Emergency Room only
- (4) Private physician, clinic
- (5) Lay Coroner Report
- (6) EMS Personnel
- (7) Interviewee
- (8) Police
- (9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	_____	_____
Chest	<u>5</u>	<u>04</u>
Abdomen	<u>4</u>	<u>04</u>
Legs/Hips	_____	_____
Other (Arms)	_____	_____
Driver Maximum	<u>5</u>	<u>04</u>

EJECTION

Extent: NONE

Portal: NONE

OTHER VEHICLE:

Maximum AIS	<u>3</u>
Prime/Deploy Impact w AB Vehicle Event Number	<u>1</u>
CDC: 12FYEW3	
Total Delta V	<u>38</u>

Make: FORD

Model Year: 1988

Model: ESCORT

Body Type: 2 DOOR

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

2Evidence: SCENE PHOTOGRAPH

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

MOTOR VEHICLE ACCIDENT REPORT

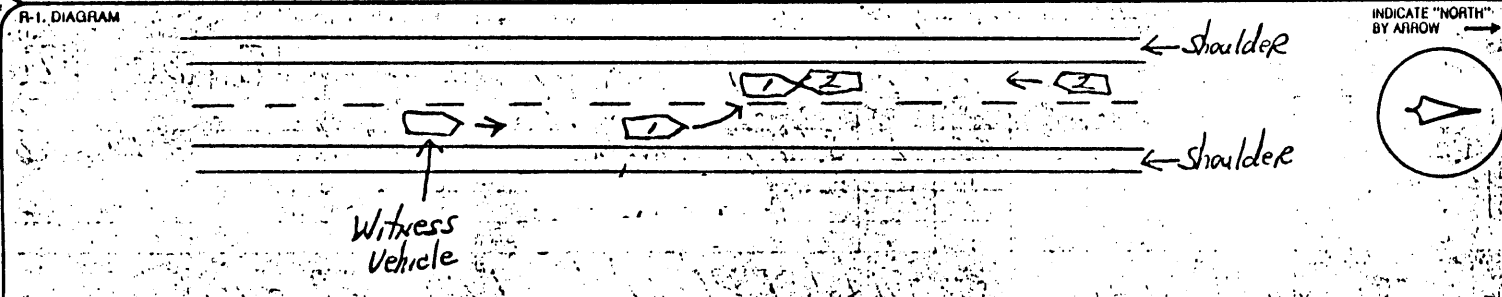
01 OF 01

3. LOCAL AREA CASE NO.		4. ACCIDENT DATE MO DAY YR		5. TIME (MILITARY)	6. DAY OF WEEK	7. REPORT TYPE 1 - TRAFFIC ACCIDENT 2 - NON TRAFFIC ACCIDENT		8. COUNTY	9. TIME NOTIFIED (MILITARY)	10. TIME ARRIVED (MILITARY)
11. ACCIDENT SEVERITY 1 - Damage only 2 - Possible Injury 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal		12. FIRST HARMFUL EVENT 01 - Other Motor Veh in transport 02 - Parked Motor Vehicle 03 - Motor Veh on other roadway 04 - Pedestrian 05 - Pedalcycle 06 - Other Convey 07 - Animal 08 - Rwy Train 09 - Fixed Object 10 - Other Object 11 - Overturned 12 - Other Non-Collision		13. SUBSEQUENT EVENTS						
14. FIXED OBJECT STRUCK 01 - Bridge/Overpass 02 - Building 03 - Culvert, Ditch 04 - Curb, Wall 05 - Guardrail/Barrier 06 - Embankment 07 - Fence 08 - Light support pole 09 - Sign support pole 10 - Other pole 11 - Tree, Shrubbery 12 - Construction Barrier 13 - Crash Attenuator 14 - Other		15. COLLISION TYPE 01 - 06 02 - 07 03 - 08 04 - 09 05 - 10 06 - 11 07 - 12 08 - 13 09 - 14 10 - 15 11 - 16 12 - 17 13 - 18 14 - 19 15 - 20 16 - 21 17 - 22 18 - 23 19 - 24 20 - 25 21 - 26 22 - 27 23 - 28 24 - 29 25 - 30 26 - 31 27 - 32 28 - 33 29 - 34 30 - 35 31 - 36 32 - 37 33 - 38 34 - 39 35 - 40 36 - 41 37 - 42 38 - 43 39 - 44 40 - 45 41 - 46 42 - 47 43 - 48 44 - 49 45 - 50 46 - 51 47 - 52 48 - 53 49 - 54 50 - 55 51 - 56 52 - 57 53 - 58 54 - 59 55 - 60 56 - 61 57 - 62 58 - 63 59 - 64 60 - 65 61 - 66 62 - 67 63 - 68 64 - 69 65 - 70 66 - 71 67 - 72 68 - 73 69 - 74 70 - 75 71 - 76 72 - 77 73 - 78 74 - 79 75 - 80 76 - 81 77 - 82 78 - 83 79 - 84 80 - 85 81 - 86 82 - 87 83 - 88 84 - 89 85 - 90 86 - 91 87 - 92 88 - 93 89 - 94 90 - 95 91 - 96 92 - 97 93 - 98 94 - 99 95 - 100 96 - 101 97 - 102 98 - 103 99 - 104 100 - 105 101 - 106 102 - 107 103 - 108 104 - 109 105 - 110 106 - 111 107 - 112 108 - 113 109 - 114 110 - 115 111 - 116 112 - 117 113 - 118 114 - 119 115 - 120 116 - 121 117 - 122 118 - 123 119 - 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724 720 - 725 721 - 726 722 - 727 723 - 728 724 - 729 725 - 730 726 - 731 727 - 732 728 - 733 729 - 734 730 - 735 731 - 736 732 - 737 733 - 738 734 - 739 735 - 740 736 - 741 737 - 742 738 - 743 739 - 744 740 - 745 741 - 746 742 - 747 743 - 748 744 - 749 745 - 750 746 - 751 747 - 752 748 - 753 749 - 754 750 - 755 751 - 756 752 - 757 753 - 758 754 - 759 755 - 760 756 - 761 757 - 762 758 - 763 759 - 764 760 - 765 761 - 766 762 - 767 763 - 768 764 - 769 765 - 770 766 - 771 767 - 772 768 - 773 769 - 774 770 - 775 771 - 776 772 - 777 773 - 778 774 - 779 775 - 780 776 - 781 777 - 782 778 - 783 779 - 784 780 - 785 781 - 786 782 - 787 783 - 788 784 - 789 785 - 790 786 - 791 787 - 792 788 - 793 789 - 794 790 - 795 791 - 796 792 - 797 793 - 798 794 - 799 795 - 800 796 - 801 797 - 802 798 - 803 799 - 804 800 - 805 801 - 806 802 - 807 803 - 808 804 - 809 805 - 810 806 - 811 807 - 812 808 - 813 809 - 814 810 - 815 811 - 816 812 - 817 813 - 818 814 - 819 815 - 820 816 - 821 817 - 822 818 - 823 819 - 824 820 - 825 821 - 826 822 - 827 823 - 828 824 - 829 825 - 830 826 - 831 827 - 832 828 - 833 829 - 834 830 - 835 831 - 836 832 - 837 833 - 838 834 - 839 835 - 840 836 - 841 837 - 842 838 - 843 839 - 844 840 - 845 841 - 846 842 - 847 843 - 848 844 - 849 845 - 850 846 - 851 847 - 852 848 - 853 849 - 854 850 - 855 851 - 856 852 - 857 853 - 858 854 - 859 855 - 860 856 - 861 857 - 862 858 - 863 859 - 864 860 - 865 861 - 866 862 - 867 863 - 868 864 - 869 865 - 870 866 - 871 867 - 872 868 - 873 869 - 874 870 - 875 871 - 876 872 - 877 873 - 878 874 - 879 875 - 880 876 - 881 877 - 882 878 - 883 879 - 884 880 - 885 881 - 886 882 - 887 883 - 888 884 - 889 885 - 890 886 - 891 887 - 892 888 - 893 889 - 894 890 - 895 891 - 896 892 - 897 893 - 898 894 - 899 895 - 900 896 - 901 897 - 902 898 - 903 899 - 904 900 - 905 901 - 906 902 - 907 903 - 908 904 - 909 905 - 910 906 - 911 907 - 912 908 - 913 909 - 914 910 - 915 911 - 916 912 - 917 913 - 918 914 - 919 915 - 920 916 - 921 917 - 922 918 - 923 919 - 924 920 - 925 921 - 926 922 - 927 923 - 928 924 - 929 925 - 930 926 - 931 927 - 932 928 - 933 929 - 934 930 - 935 931 - 936 932 - 937 933 - 938 934 - 939 935 - 940 936 - 941 937 - 942 938 - 943 939 - 944 940 - 945 941 - 946 942 - 947 943 - 948 944 - 949 945 - 950 946 - 951 947 - 952 948 - 953 949 - 954 950 - 955 951 - 956 952 - 957 953 - 958 954 - 959 955 - 960 956 - 961 957 - 962 958 - 963 959 - 964 960 - 965 961 - 966 962 - 967 963 - 968 964 - 969 965 - 970 966 - 971 967 - 972 968 - 973 969 - 974 970 - 975 971 - 976 972 - 977 973 - 978 974 - 979 975 - 980 976 - 981 977 - 982 978 - 983 979 - 984 980 - 985 981 - 986 982 - 987 983 - 988 984 - 989 985 - 990 986 - 991 987 - 992 988 - 993 989 - 994 990 - 995 991 - 996 992 - 997 993 - 998 994 - 999 995 - 1000		16. RELATIONSHIP TO INTERSECTION 1 - Non-Intersection 2 - Intersection 3 - Intersection Related 4 - Driveway-Access		17. KIND OF LOCALITY 1 - Manufacturing or Industrial 2 - Shopping or Business 3 - Residential 4 - School or Recreational 5 - Open Country		18. COLLISION TYPE 01 - 06 02 - 07 03 - 08 04 - 09 05 - 10 06 - 11 07 - 12 08 - 13 09 - 14 10 - 15 11 - 16 12 - 17 13 - 18 14 - 19 15 - 20 16 - 21 17 - 22 18 - 23 19 - 24 20 - 25 21 - 26 22 - 27 23 - 28 24 - 29 25 - 30 26 - 31 27 - 32 28 - 33 29 - 34 30 - 35 31 - 36 32 - 37 33 - 38 34 - 39 35 - 40 36 - 41 37 - 42 38 - 43 39 - 44 40 - 45 41 - 46 42 - 47 43 - 48 44 - 49 45 - 50 46 - 51 47 - 52 48 - 53 49 - 54 50 - 55 51 - 56 52 - 57 53 - 58 54 - 59 55 - 60 56 - 61 57 - 62 58 - 63 59 - 64 60 - 65 61 - 66 62 - 67 63 - 68 64 - 69 65 - 70 66 - 71 67 - 72 68 - 73 69 - 74 70 - 75 71 - 76 72 - 77 73 - 78 74 - 79 75 - 80 76 - 81 77 - 82 78 - 83 79 - 84 80 - 85 81 - 86 82 - 87 83 - 88 84 - 89 85 - 90 86 - 91 87 - 92 88 - 93 89 - 94 90 - 95 91 - 96 92 - 97 93 - 98 94 - 99 95 - 100 96 - 101 97 - 102 98 - 103 99 - 104 100 - 105 101 - 106 102 - 107 103 - 108 104 - 109 105 - 110 106 - 111 107 - 112 108 - 113 109 - 114 110 - 115 111 - 116 112 - 117 113 - 118 114 - 119 115 - 120 116 - 121 117 - 122 118 - 123 119 - 124 120 - 125 121 - 126 122 - 127 123 - 128 124 - 129 125 - 130 126 - 131 127 - 132 128 - 133 129 - 134 130 - 135 131 - 136 132 - 137 133 - 138 134 - 139 135 - 140 136 - 141 137 - 142 138 - 143 139 - 144 140 - 145 141 - 146 142 - 147 143 - 148 144 - 149 145 - 150 146 - 151 147 - 152 148 - 153 149 - 154 150 - 155 151 - 156 152 - 157 153 - 158 154 - 159 155 - 160 156 - 161 157 - 162 158 - 163 159 - 164 160 - 165 161 - 166 162 - 167 163 - 168 164 - 169 165 - 170 166 - 171 167 - 172 168 - 173 169 - 174 170 - 175 171 - 176 172 - 177 173 - 178 174 - 179 175 - 180 176 - 181 177 - 182 178 - 183 179 - 184 180 - 185 181 - 186 182 - 187 183 - 188 184 - 189 185 - 190 186 - 191 187 - 192 188 - 193 189 - 194 190 - 195 191 - 196 192 - 197 193 - 198 194 - 199 195 - 200 196 - 201 197 - 202 198 - 203 199 - 204 200 - 205 201 - 206 202 - 207 203 - 208 204 - 209 205 - 210 206 - 211 207 - 212 208 - 213 209 - 214		

1. <u>02</u> VEH 2 2. <u>02</u> 10. Undercarriage 11. Overturned 12. Totaled 13. Fire Damage 14. Other 15. None/Unknown		3. <u>02</u> <u>01</u> <u>12</u> 4. <u>02</u> <u>01</u> <u>12</u> 11. Overturned 12. Totaled 13. Fire Damage AREA DAMAGE ONLY		5. <u>01</u> VEH 2 6. <u>01</u> 03. Defective Headlights 04. Defective Rear Lights 05. Defective Steering 06. Puncture/Blowout 07. Tire Excess Wear/Smooth 08. Defective/Altered Exhaust 09. Defective/Altered Suspension 10. Motorcycle Lights on - Daylight 11. Other 12. Unknown		7. <u>1</u> VEH 2 8. <u>1</u> 3. Using Drugs 4. Physical Defects /handicap 5. Ill 6. Fatigued 7. Apparently Asleep 8. Intoxicated by Glare 9. Condition Unknown	
1. Daylight 2. Dusk 3. Dark 4. (Street Lts on) 5. Dark 6. (Street Lts off) 7. Dark (No Lts) 8. Unknown		2. WEATHER 1. Clear 2. Cloudy 3. Foggy 4. Raining 5. Snowing 6. Severe Wind 7. Other 8. Unknown		3. SURFACE TYPE 1. Concrete 2. Tar & Chip 3. Asphalt 4. Gravel 5. Brick 6. Dirt 7. Other		4. ROADWAY SURFACE 1. Wet 2. Dry 3. Snow 4. Ice 5. Mud 6. Other 7. Unknown	
5. ROAD CONDITION 1. No Defects 2. Shoulder Defect 3. Holes, Ruts, Etc. 4. Foreign Material 5. Loose Surface Material 6. Obstruction not Lighted 7. Obstruction not Signaled 8. View Obstructed 9. Construction/Maintenance		6. ROAD CHARACTER 1. Straight & Level 2. Straight & Grade 3. Straight & Hillcrest 4. Curve & Level 5. Curve & Grade 6. Curve & Hill 7. On Bridge 8. Other		7. SPEED LIMIT 1. Unknown 2. 25 MPH or Less 3. 30 MPH 4. 35 MPH 5. 40 MPH 6. 45 MPH 7. 50 MPH 8. 65 MPH			
1. PED NO. 2. PED INDICATOR 3. PED NAME		4. PED. BIRTHDATE		5. PED INJ SEV. 6. PED SEX 7. ADDRESS-NO., STREET, CITY, STATE & ZIP 8. PHONE NO.			
9. PED MANEUVER 01. Crossing/Entering Roadway at Intersection 02. Crossing/Entering Roadway Not at Intersection 03. Walking/Riding on Road w/Traffic 04. Walking/Riding on Road against Traffic		10. PED CONDITION 1. Apparently Normal 2. Had been Drinking 3. Using Drugs 4. Physical Defects 5. Other Handicaps 6. Ill 7. Fatigued 8. Apparently Asleep 9. Condition Unknown		11. PED VISIBILITY 1. Light Clothing 2. Dark Clothing 3. Mixed Clothing 4. Retro-Reflective/Material 5. Head Light 6. Rear Light Reflector 7. Hi Lid & Rear Light Reflector			
12. PED. LOCATION AT TIME OF ACCIDENT 1. Shoulder 2. Curb 3. Sidewalk 4. Outside Rt of Way 5. On Roadway at Crosswalk 6. On Roadway not at Crosswalk 7. School Bus Zone 8. Bikeway 9. Unknown		13. BICYCLE - MAKE, WHEEL SIZE & OTHER DESCRIPTION					

K-1 FIRST AID ADMINISTERED BY 1. Policeman 2. Fireman 3. Ambulance Personnel 4. Helicopter Personnel 5. Refused 6. Other 7. None Adm 8. Unknown		2. EMS REPORT NO.		3. EMS REPORT NO.		4. INJURED TAKEN BY	
L-1 UNIT 1. YES 2. NO		2. CITATION NO. 3. CHARGE SEC SUB SEC PAR		2. CITATION NO. 3. CHARGE SEC SUB SEC PAR		2. CITATION NO. 3. CHARGE SEC SUB SEC PAR	
M-1 PHOTO TAKEN 1. YES 2. NO		2. INVEST'D AT SCENE 1. YES 2. NO		3. INVEST'N COMPLETE 1. YES 2. NO		N - ALCOHOL TEST 1. VEH ONE 2. VEH TWO 3. PED 1. Breathalyzer 2. Blood 3. Urine 4. Post Mortem 5. Refused 6. None Offered	
0. TEST RESULTS 1. VEH ONE 2. VEH TWO 3. PED.		4. WITNESS - NAME 1 5. ADDRESS		6. PHONE NO.		4. WITNESS - NAME 2 5. ADDRESS 6. PHONE NO.	

Q-1 DESCRIPTION: Vehicle #1 was northbound on Vehicle #2 was southbound on Vehicle #
crossed the center line striking Vehicle #2 headon.



S-CAUSE ACCIDENT 1. PRIMARY 2. SECONDARY		CONTRIBUTING CIRCUMSTANCE 3. VEH ONE 4. VEH TWO		T-1 INVESTIGATING OFFICER		2. OFFICER ID NO.		3. AGENCY		4. INSTALLATION	
5. PATROL AREA		6. DATE		7. SPECIAL STUDY		8. SUPER. APPROVAL		9. ID NO.		10. REVIEWER	